YUKON **HEALTH STATUS** REPORT

2 0 **0 3**

Not everything that counts can be counted;
not everything that is counted counts.

ALBERT EINSTEIN

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foreword

January, 2004

I am pleased to present the *Health Status Report 2003*. It is my hope you will find the contents to be both interesting and informative.

Reports on health status help us understand and interpret the health of our population. The *Health Status Report 2003* is intended to inform us about the health status of Yukoners, and how we compare to other Canadians, other regions with similar characteristics, and each other.

It is meant to inform Yukoners about things that affect their health and well-being, and to provide information about various diseases and health conditions and the extent to which they occur in our population. It also is intended to tell us about the state of our health care system. It does much more than that, however.

This report includes an in-depth review of some of the complex factors that contribute to a person's mental health status and explores the choices people make to improve their health, such as healthy eating, physical activity and reduction in alcohol and tobacco use.

Health Status Report 2003 is a tool for planning, as well as for learning. The many contributors to the content have expressed the hope that it will stimulate further questions, generate discussion, and act as a catalyst for action on steps that can improve the health status of Yukon people. I echo their sentiments.

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104-03926/

1. introduction

The purpose of health status reporting is to inform the public, health care providers, policy makers, and Yukon Government about the most recent reported levels and rates of selected diseases, health conditions, and other indicators of health and well-being, and what these indicators tell us about the health status of Yukon people. This report is intended to provide practical information that can support informed decisions, actions and planning aimed at improving the health of Yukoners. We hope that both the content and context will be meaningful and the format understandable to everyone.

Health can mean many things. The World Health Organization defines health as 'a state of physical, mental and social well-being and not merely the absence of disease and infirmity'.[1] The Yukon *Health Act* defines health as 'the physical, emotional, social, mental and spiritual well-being of residents of Yukon in harmony with their physical, social, economic and cultural environments'. As both of these definitions suggest, health is a multi-dimensional concept that is influenced by a number of forces. There is a growing body of evidence about what makes people healthy and why some groups of people are healthier than others.

This report is intended to provide practical information that can support informed decisions, actions and planning aimed at improving the health of Yukoners.

As a community document, this report is intended to paint a picture of Yukoners' health. The multi-dimensional nature of health and the many inter-relationships among the determinants of health create challenges to both the breadth and depth of data reporting and analysis. Not every useful or interesting question about health can be answered in a single report. In a sense, it may be helpful to think about this report as one *snapshot* of many that could have been selected. We hope that the health information reported here will stimulate thinking, promote discussion, and motivate the reader to take a keener interest in their own health and the health of their families and communities.

[1] *WHO Definition of Health* Retrieved Now 2003 from http://www.who.int/about/definition/en/

What **Influences** Health?

The term *health status* is used to describe the degree to which individuals, groups or populations are able to function physically, emotionally, and socially with or without aid from the health care system. The factors and conditions that strongly influence health status are called the *determinants of health*.[2] A description of the determinants of health are as follows:

Socio-economic Environment

Income, income distribution and social status: Health status improves at each step up the income and social hierarchy. Income influences the extent to which individuals and families have access to safe housing, sufficient good food, and other basic necessities of life. Societies which are prosperous and have an equitable distribution of wealth also have the healthiest populations.

Social support networks: Support from families, friends and communities is associated with better health. Social support networks can help people solve problems, deal with adversity, and maintain a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships and the resulting sense of satisfaction and well-being often act as a buffer against health problems.

Social environments: Social support also extends to support provided by the broader community. Community support includes the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. The ability of communities to support and take care of its citizens influences the health and well being of individuals in many ways.

Other factors which influence the strength of the social environment are: social stability, acceptance of differences, recognition and celebration of diversity, safety, good working relationships and communities in which people work well together. Supportive communities help people stay healthy and reduce or eliminate many potential risks to good health.

[2] *Underlying Premises and Evidence Table, key determinants* retrieved November 2003 from http://www.hc-sc.gc.ca/hppb/phdd/determinants/determinants.html

Education improves people's ability to access and understand information to help keep themselves and their families healthy.

Education: Health status improves with education. Education, like income, is an indicator of socio-economic status. Effective education for children and lifelong learning for adults are key contributors to health and prosperity of individuals and of the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving. Education increases employment opportunities as well as opportunities for job satisfaction. And it improves people's ability to access and understand information to help keep themselves and their families healthy.

Employment and working conditions: People who have more control over their work circumstances and fewer work-related stresses are healthier and often live longer than those in more stressful or riskier jobs. Unemployment, under employment, and stressful or unsafe work conditions are associated with poorer health

Healthy Child Development

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked growing agreement that early child development is a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by the family home and neighborhood, family income, parents' education, access to nutritious foods and physical recreation, genetic makeup and access to health care and services.

What **Influences** Health?

Physical Environment

Natural environment: The physical environment in which we live is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments.

Human-built environment: Factors related to the safety and quality of housing, indoor air quality, and the design of communities and transportation systems can significantly influence both our physical and psychological well-being.

Culture

Many populations include both dominant and minority cultural groups. Minority groups may face additional health risks due to marginalization, stigmatization, discrimination, loss or devaluation of language and culture, and lack of access to culturally appropriate health care and services.

Personal Health Practice and Coping Skills

These are the actions individuals take to prevent diseases and promote self-care, cope with challenges, develop self-reliance, and solve problems. There is a growing recognition that personal lifestyle 'choices' are greatly influenced by the socio-economic environments in which people live, learn, work and play. Lifestyle choice is affected by at least five factors: personal life skills, stress, culture, social relationships and belonging, and sense of control. Interventions that support the creation of supportive environments will enhance the capacity of individuals to make healthy lifestyle choices.

The physical environment in which we live is an important determinant of health.

Biology and Genetic Endowment

The basic biology and organic make-up of the human body are fundamental determinants of health. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances there appears to be an inherited predisposition to particular diseases or health problems.

Gender

Gender refers to traits, interests, and behaviours that define 'maleness' and 'femaleness'. These norms are socially and culturally constructed and influence attitudes towards, and expectations of, males and females. 'Gendered' norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

Health Services

Although the continuum of care including treatment and secondary prevention is a determinant of health, those services designed to maintain and promote health, prevent disease and restore health and function contribute to the health of the population.

A **Population** Health **Approach**

Population health is an approach to health that aims to improve the overall health and well-being of an entire population and to reduce health inequities among groups within the population. This approach recognizes that these objectives can only be achieved if the determinants of health are addressed through healthy public policy and action. As an approach, population health looks at the determinants of health over the life course, identifies how and why these factors occur, and uses this knowledge to develop and implement policies and actions which will promote health and well-being.

A population health approach suggests that in order to understand the health of a population, we also need to look at measures of health status in relation to the broad range of factors and conditions known to influence health. The Health Indicator Framework on the following page summarizes the kinds of health information or indicators that can provide a more complete picture of health. Under each category of indicator (e.g. health conditions, personal resources), the health indicators listed in italics are presented in *this report*.

Health Indicator Framework [1]

(*Italicized* indicators are contained within this report)

Health Status

Health conditions	***Human function***	***Well-being***	***Deaths***
Arthritis	*Functional health*	*Self-rated health*	*Infant & perinatal mortality*
Diabetes	Activity limitation	*Mastery*	*Life expectancy*
Asthma		Self-esteem	*Potential years of life lost (PYLL)*
High blood pressure		*Belongingness*	
Cancer incidence			
Chronic pain			
Depression			

Determinants of Health

Health behaviors	***Living & working conditions***	***Personal resources***	***Environmental factors***
Smoking behaviors	*Educational attainment*	School readiness	*Exposure to second-hand smoke*
Frequency of heavy drinking	*Unemployment rate*	*Social support*	
Leisure-time physical activity	*Low income*	*Life stress*	
Breastfeeding practices	Affordable housing		
Dietary practices			

Health System Performance

Acceptability	***Accessibility***	***Appropriateness***	***Competence***
	Immunizations	Caesarean sections	
	Health screenings		
Continuity	***Effectiveness***	***Efficiency***	***Safety***
	Hospital re-admission	Expected compared to actual hospital stay	

Community Health & Health System Characteristics

Community	***Health System***	***Resources***
Population	*Contact with health professional*	
Lone-parent families	*Health care utilization*	
Birth rate		
Maternal age		

[1] *Health Indicator Framework*, Ministry of Industry, 2003 & Canadian Institute for Health Information, May 2003, Catalogue no. 82-221-XIE, Statistics Canada, volume 2003, No. 1 also available at www.statcan.ca

Background

The first health status report was released in 1991 and was followed by reports in 1994 and 1999.[4] The 1991 *'Community Health Status Assessment of Yukon'* was the first to consolidate available Yukon data from various sources that could tell us about the health status of Yukon people. It was an important step towards better understanding the nature and distribution of health problems in the Yukon population. Each report since the 1991 report further contributed to this understanding.

The contents of the *Health Status Report 2003* are largely drawn from the 2000 Canadian Community Health Survey (CCHS), 1994 and 1996 National Population Health Survey (NHPS), administrative and survey data gathered by the Department of Health and Social Services, Yukon Tobacco Survey 2003, and national Census data. The Canadian Community Health Survey interviewed individuals over the age of 12 and the Yukon Tobacco Survey interviewed individuals over the age of 19.

[4] On a regular basis Yukon Government will table in the Legislature a comprehensive health status report, such as this one. These comprehensive reports will consist of a broad range of data tables, updated with the most recent data available, along with commentary to help the reader understand what the data can tell us about the health status of Yukon people. Each of these reports and the 2002 Performance Indicators Reporting Committee (PIRC) document are available through the Department of Health and Social Services, Government of Yukon.

Some **Cautionary** Comments

Statistics are, by their very nature, un-biased estimates of what is actually happening in the 'real world'. Drawing conclusions from statistical data is always tentative and we must be alert to the possibility that reliance on numbers and graphs alone can be misleading as we attempt to determine what the data 'really mean.' This general caution applies to data gathered in all jurisdictions, but Yukon's small population (approximately 30,000 people) complicates the picture even further. Very small changes in absolute numbers (e.g. the number of new cases of a particular disease) can show up as a large percentage change. An example may help to illustrate this.

Let us suppose that, in 1998, two Yukoners were diagnosed with a particular type of cancer and three Yukoners were diagnosed in 1999. This would translate into a 50% increase in the incidence of this type of cancer from 1998 to 1999, even though it represents only one additional person being diagnosed. While a 50% increase would be noteworthy in a larger jurisdiction, it would be premature and likely misleading to conclude that this type of cancer is on the increase in Yukon, based on these data.

Let us take this example further. Suppose that in the year 2000, there was only one case diagnosed. This could be represented as a 67% decrease from 1999 (when there were 3 cases), and it would be equally misleading to conclude that the particular type of cancer in question was on the decline.

Throughout the report, you will see data presented as rates per 100,000 population. This is a standard measure for reporting disease rates and fits very well when the population is large. Unfortunately, this measure, like percentages, can pose problems for small jurisdictions like Yukon. Yukon's current population is approximately 30,000 people, and charts which show Yukon 'rates per 100,000 population' have been calculated or extrapolated from the absolute numbers. Such calculations may magnify or *exaggerate* the differences in the original Yukon data. This report has made only limited use of rates per 100,000 population and, where possible, uses percentage of total population as a measure.

It is standard practice to compare data gathered on Yukoners with data gathered on Canada as a whole. It can be misleading to make comparisons between the health of Yukoners and the health of Canadians unless statistical analyses have been conducted which take into account the very large difference in the population size and age-structure. Yukon represents less than 0.1% of Canada's population. As we have seen, data based on small numbers of people are more prone to fluctuations, which are unrelated to true changes in the disease rate and may be more difficult to interpret than data gathered from larger populations. Some commentary is provided in the report text to help identify areas where particular caution should be taken.

2. executive **summary**

This report is the fourth Health Status Report since 1991. It provides data and observations on the occurrence, prevalence, patterns and trends of selected measures of health and well-being in the Yukon. The report will inform those interested in the state of health of Yukon people and provide practical information to support informed discussion, decisions, actions and planning aimed at improving the health of Yukoners.

Report Highlights:

The following are some highlights from the report. For more information, please refer to the main body of the report.

Social and Economic Conditions

Yukon's age profile has been gradually increasing over the past few decades. Though Yukon's population is still slightly younger than Canada as a whole, Yukon's population is approaching the same age composition as the Canadian population. Canada as a whole shows a 4.8% growth in the population; in comparison, between 1996 and 2001 Yukon's population declined by 5.5%. The median earnings in Yukon is higher than the Canadian median but the gap is narrowing. Yukon adults have one of the highest levels of educational attainment in Canada. Even though Yukon's unemployment rate fluctuates more than the Canadian unemployment rate, Yukon had a consistently higher unemployment rate from 1993 to 2001.

Mortality

Although the gap is narrowing, Yukoners can expect to live shorter lives than their fellow Canadians. Yukoners have a higher rate of lung cancer but show a lower rate of acute myocardial infarction colorectal cancer and cerebrovascular disease when compared to Canada. Over the past decade, Yukon has repeatedly shown very high rates of potential years of life lost through unintentional injuries when compared to other Canadians.

Yukon shows a small but progressive decline in the number of low birth-weight births as well as a decline in pre-term births.

Approximately 15% of Yukoners, age 15 years or older, have seriously considered taking their own lives.

Morbidity

More than 88% of all Yukoners visited a health professional during the past 12 months. Even though 90% of Yukoners report they are *not* prevented from performing daily living activities due to pain, 61% of the population report having at least one or more chronic conditions. Allergies, other than food allergies, are the most frequently reported condition followed by back problems (excluding fibromyalgia and arthritis) and arthritis/rheumatism. The diabetes prevalence rate in Yukon is lower than the prevalence rate in Canada.

There have been no cases of measles, rubella, or mumps in the past four to six years in Yukon which may be largely due to comprehensive childhood vaccination efforts. Cyclical outbreaks of pertussis (whooping cough) continue to occur among children and older Yukoners, with the most recent outbreak in 2002. The high rates of chlamydia infection among teenagers and young adults remain a concern which likely needs to be addressed by ongoing education, testing and treatment initiatives.

Self-care, Health and Well-being

The majority of Yukoners experience a moderate to high sense of mastery, feel a sense of belonging to their community, and report few symptoms of depression. Low income earners are more likely to be depressed and are more likely to have a low sense of mastery and less likely than others to have a high sense of mastery. Although Yukoners who experience depressive symptoms are more likely to seek professional assistance, more than half of those who may benefit from consultation with a health professional fail to seek professional advice for emotional or mental health reasons.

A vast majority of Yukoners report their health as being excellent, very good or good. Yukoners have achieved a high level of physical activity, exceeding Canadians overall.

The majority of Yukoners recognize the importance of early screening and diagnosis in treating health problems and are able to access the necessary screening services.

Tobacco

Although smoking rates have declined over the past decade, the rate of smoking among Yukoners is still about 50% higher than the national average. Nevertheless, there are reasons to be optimistic. Non-smokers are now in the majority in Yukon, many Yukoners are former smokers and most current smokers are making efforts to reduce their use of tobacco or quit. Both smokers and non-smokers are taking steps to reduce the exposure to second-hand smoke.

Peer Group Comparison

No statistically significant differences are found when Yukon is compared to its peer group. When compared to fellow Canadians, Yukoners report significantly higher percentage of daily smoking and heavy drinking. On a positive note, Yukoners also report significantly higher physical activity and lower daily stress than Canadians.

3. **social** and **economic** context

Demographics

Population

Over the past 20 years, Yukon's population has tended to fluctuate at a higher rate than the rest of Canada. In the recent Canadian Census (2001), Canada experienced one of the smallest census-to-census (1996 to 2001) growth rates in its population with a net a gain of only 4.8%. In contrast, Yukon showed a *decline* in population of more than 5.5%. Since 1997, Yukon has experienced a small but steady decrease in population. In real numbers, Yukon's population decreased from 31,938 in 1996 to 30,181 in 2001.

The initial estimate of the Yukon's population from the 2001 census was 28,674 people. As in every census, the initial population estimate is adjusted to account for net under-coverage of the census. In October 2003, Statistics Canada adjusted the Yukon's population estimate for the 2001 census to 30,181 people. In this report, there are a number of references to *rates per 100,000 population*. It should be noted that these rates are based on the initial Yukon population estimate (28,674) and not the adjusted estimate (30,181).

The 2001 Census shows that the median age is increasing for both Canada and Yukon, although Yukon's population remains relatively young in comparison to the rest of Canada. In 2001, Yukon's median age range of 36.1 years was the third lowest in Canada, with only Northwest Territories and Nunavut having younger populations. Although the data indicate that Yukon has a young population relative to most other parts of Canada, the median age of Yukon people is increasing at a faster rate than Canada. In fact, Yukon shows the second highest median age increase in the country between 1996 and 2001 suggesting that the difference in age distribution between Yukon and Canada as a whole is narrowing.

A number of factors may contribute to Yukon's increasingly older population. It is possible that older individuals may choose to remain or relocate to the territory due to good health care coverage and other benefits and facilities specifically geared to seniors. More generally, increases in life expectancy and a large aging 'baby boomer' demographic both serve to pull up the median age.

Gender distribution for Yukon has remained relatively stable over the past decade. The 1991 and 1996 Census indicated approximately 52% of the population was male and 48% female. The results of the more recent 2001 Census indicate that Yukon is more similar to Canada today than previously. Yukon's population is 51% male and 49% female which is moving closer to the pan-Canadian census that indicates 49% of the population is male and 51% female.

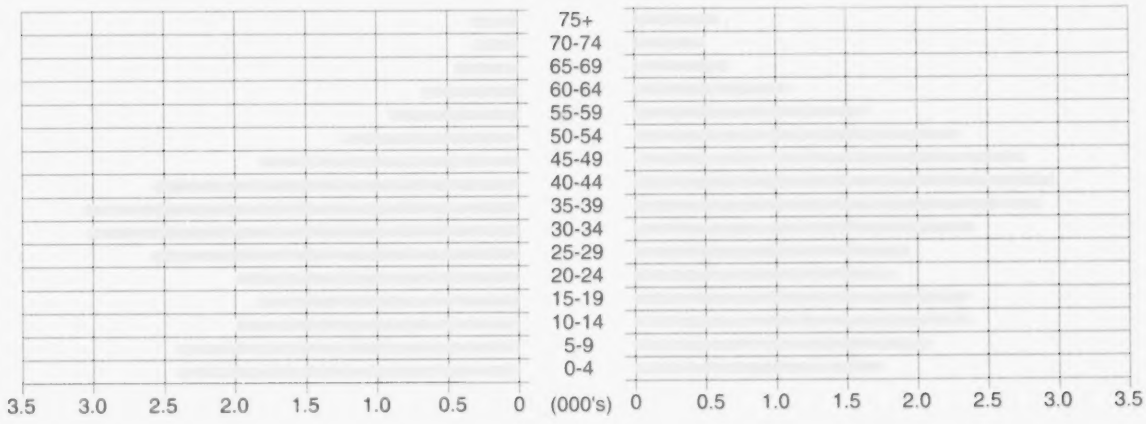
Even though these data indicate an aging Yukon population, Yukon's fluctuating economic opportunities and prosperity and migration to and from Yukon will remain a key factor in both the future size and age structure of the population.

Table 3.1
Yukon population by sex, 1996 & 2001
Yukon

	1996	2001
Overall	31938	30181
Male	16661	15466
Female	15277	14715

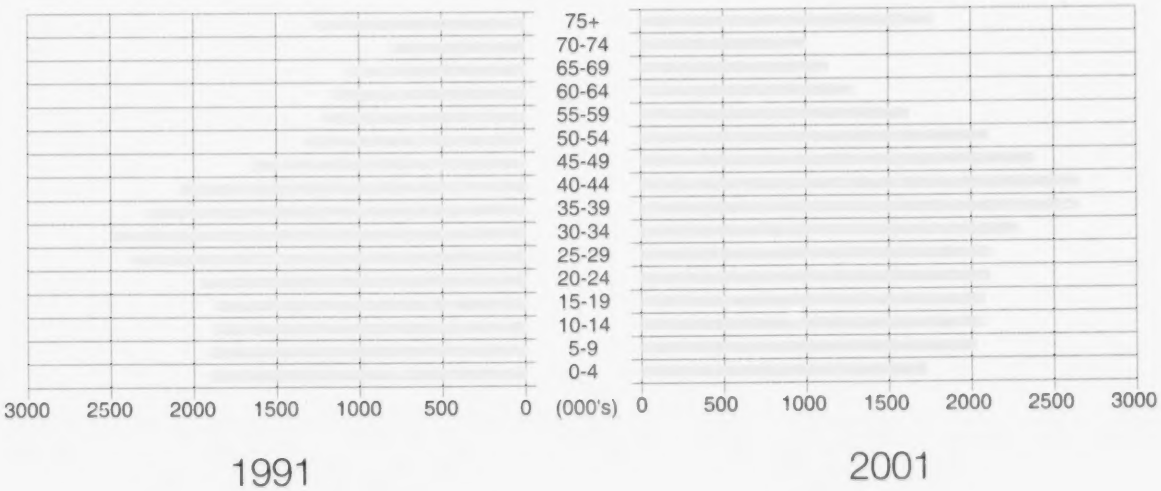
Source: Statistics Canada, Census 2001; Yukon Bureau of Statistics Information Sheet #C01-03

Figure 3.1(a)
Yukon population, by age



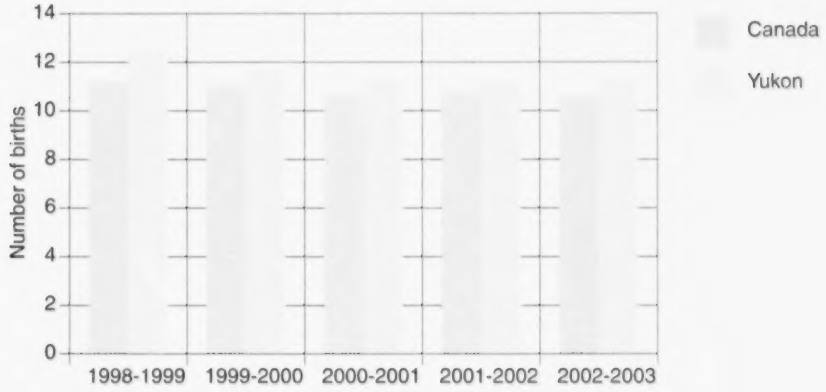
Source: Statistics Canada Census, 1991 & 2001

Figure 3.1(b)
Canada population, by age



Source: Statistics Canada Census, 1991 & 2001

Figure 3.2
Birth rates per 1,000 population, 1998 to 2003
Yukon & Canada



Note: From July 1 of one year to June 30 of the next year.

Source: Statistics Canada, CANSIM 051-0001 & 051-0004

Yukon, like most jurisdictions in Canada, has seen a progressive decline in actual number of births; 545 births were recorded in 1990 in comparison to 333 in 2002, a decrease of 39%. However, over the past five years Yukon has had a higher birth rate than Canada, although it is lower than both other territories, Alberta and Manitoba. Yukon's higher birth rate is consistent with the territory's relatively young population when compared to Canada.

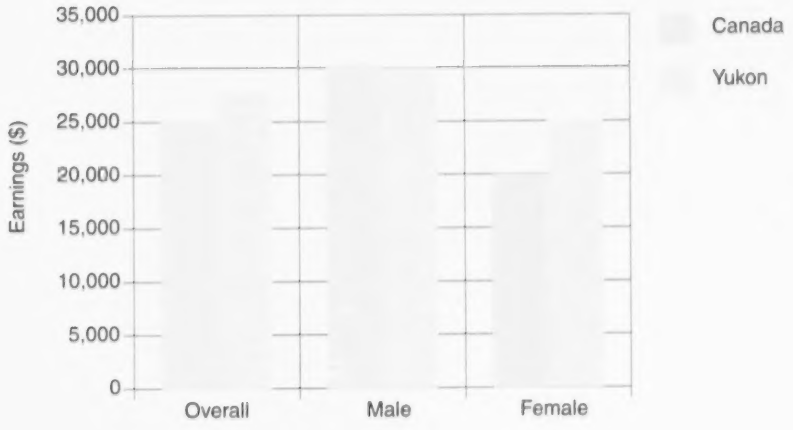
The average maternal age has been on the rise for the past 12 years; average maternal age in 1990 was 27.5 years, 28.1 years in 1996 and 28.5 years in 2002. Both the steadily declining annual birth rate and the increasing average maternal age contribute to the overall increase in the age of Yukon's population. Unless offset by increasing in-migration of young people, these trends ensure that the average age of the Yukon population will continue to rise.

Education, employment and income

Together, income and social status have been described as the single most important determinant of health; people with higher incomes generally live longer, healthier lives than individuals with lower incomes. On an international scale, societies with moderately high productivity and equitable distribution of wealth have some of the healthiest populations independent of health care spending. The *Health Status Report 1998* explores social and economic disparity in Yukon communities at some length. The figures discussed in this report focus on the whole of Yukon, which obscures substantial disparities of income, education and employment that exist across Yukon communities.

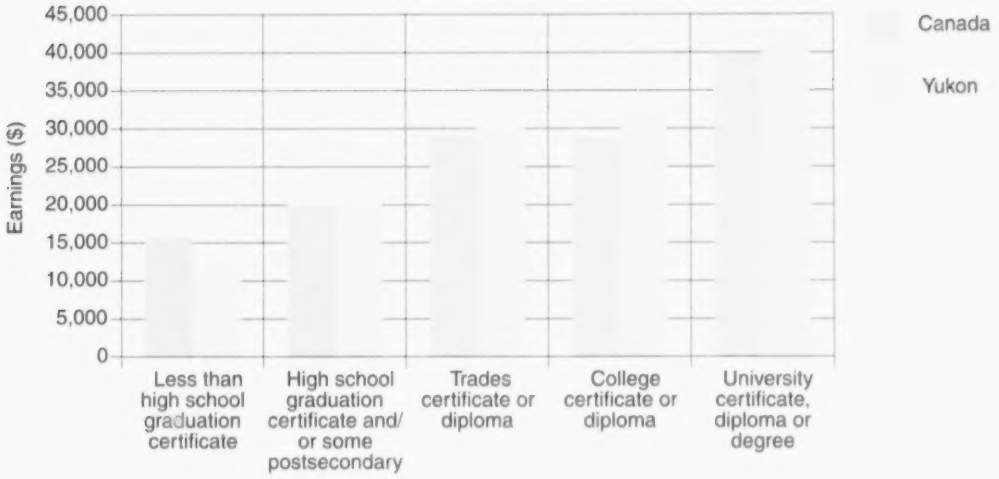
It is noteworthy that, although Yukon compares very well with the rest of Canada in the areas of income and education, there is a large discrepancy between the income and education levels when Whitehorse is compared to the rest of the territory, with residents of Whitehorse having more years of formal education and higher incomes.

Figure 3.3
Median earnings, by sex, 2000
Yukon & Canada



Source: Statistics Canada, Census 2001

Figure 3.4
Median earnings, by educational attainment, 2000
Yukon & Canada

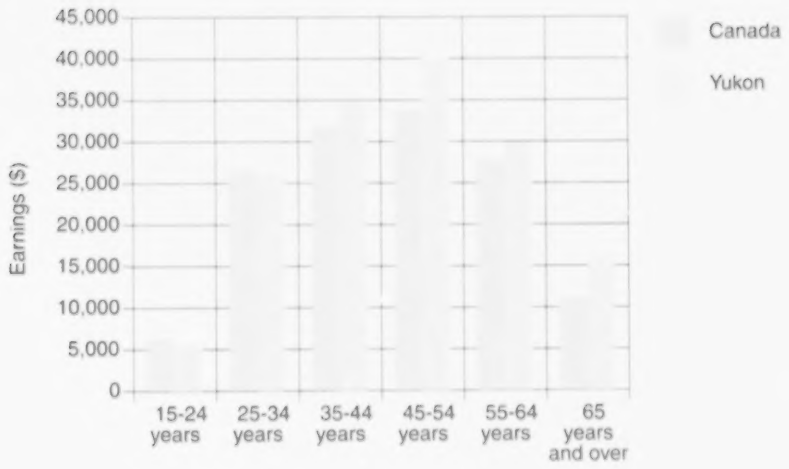


Source: Statistics Canada, Census 2001

Income

Median earnings of full time workers for a full year of employment vary as a function of educational level. In general, the more highly educated Yukoners and Canadians are, the higher the level of earnings. Both Yukoners and Canadians show the highest median earning levels between 45-54 years of age, though Yukoners generally earn more than Canadians across all age groups. Males tend to have higher earnings than females in both Yukon and Canada but it is interesting to note that females in Yukon earned approximately 22% more than females in other parts of Canada. This means that the gender gap in income is smaller in Yukon than it is in Canada as a whole.

Figure 3.5
Median earnings, by age, 2000
Yukon & Canada



Source: Statistics Canada, Census 2001

The median annual income of Yukon families with two earners has increased by 4.1% from $76,596 in 1990 to $79,708 in 2000. Although the percentage change from 1990 to 2000 is less than the 5.5% increase reported for Canada, the median annual family income of Yukoners still remains higher than Canada as whole (Yukon: $79,708 vs. Canada: $72,524). Likewise, the median family income for a lone-parent with children under the age of 18 years of age in Yukon is $37,423 in contrast to $32,696 for Canada. It is positive that median family incomes are higher in Yukon than in Canada, but a lower percentage income change for lone-parent families indicates that the income gap between Yukon and Canada is lessening for this group. To the extent that the cost of living is higher in Yukon than other parts of Canada, the relatively higher incomes earned by Yukoners may not translate into a higher standard of living.

Education

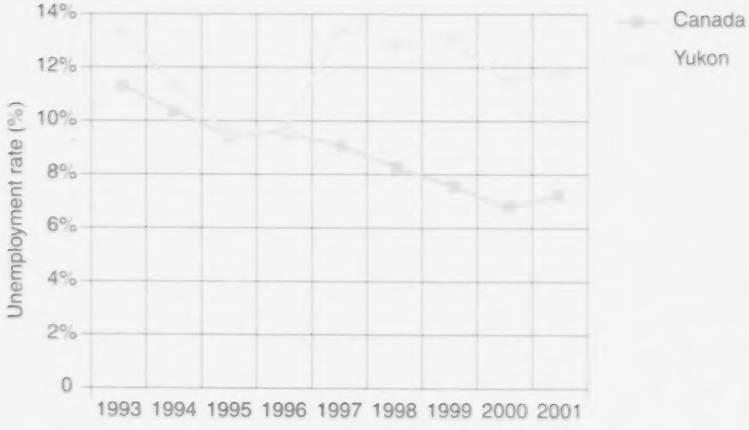
Education and literacy are important determinants of health status. Literacy can influence an individual's ability to acquire, maintain or improve employment. The *Statistical Report on the Health of Canadians*[5] and *Toward a Healthy Future: Second Report on the Health of Canadians*[6] indicate that literacy and numeracy skills are crucial if individuals are to participate fully in today's society. These skills can lead to gainful employment, job security and success, and active community participation. Literacy also facilitates access to health information and health services.

The level of college or university attainment for Yukon adults between 25 to 64 years of age is among the highest in Canada. Historically, Yukon has tended to have a higher proportion of individuals with some post-secondary education than Canada. On the other end of the spectrum, trends show that a small but progressive decrease in the number of individuals with less than a Grade nine education has occurred in both Yukon and Canada. The percentage of Yukoners with less than a Grade nine education has declined from 7.3% in 1991 to 4.8% in 2001 and Canada declined from 14.3% in 1991 to 9.8% in 2001. This is a very positive outcome for Yukon as a Grade nine education is an estimate of the level of literacy required for full participation in community life.

Employment

Employment is closely associated with education and income, and each makes a contribution to an individual's mental, social and physical health. Employment not only affects the individual and the family the worker supports but is also an indicator of a healthy community, showing that it is able to support and sustain employment. The unemployment rate is the percentage of the labour force that actively seeks work but is unable to find work at a given time. Discouraged workers—persons who are not seeking work because they believe the prospects of finding it are extremely poor—are not counted as unemployed or as part of the labour force. The unemployment rate is a key indicator of the health of the economy and of society more generally. When a job is lost, not only is it a loss to society and the economy but the loss of income can also create hardship for individuals and families.[7]

Figure 3.6
Unemployment rate, 1993 to 2001
Yukon & Canada



Source: Labour Force Survey Statistics [Statistics Canada]

Statistical Report on the Health of Canadians, Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health, Charlottetown, PEI, 1999.
Toward a Health Future: Second Report on the Health of Canadians, Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health, Charlottetown, PEI, 1999.
http://canadianeconomy.gc.ca/english economy/unemployment2.html Retrieved Nov. 2003 from *Economic Concepts: Unemployment Rate* (May 2002)

Over the past 10 years, Yukon has shown a higher unemployment rate when compared with the rest of Canada. Yukon's unemployment rate is more volatile, showing both greater annual and seasonal fluctuations than Canada as a whole. A number of factors contribute to the volatility. Given the small population base of Yukon, changes in a substantial industry like mining significantly affect the unemployment rate. The large increase in Yukon's unemployment from 9.7% in 1996 to 13.4% in 1997 is likely closely related to the closure of the Faro mine.

Table 3.2
Labour force participation rate, by sex, 1991, 1996, 2001
Yukon & Canada

	1991		1996		2001	
	Yukon	Canada	Yukon	Canada	Yukon	Canada
Overall	81.6	67.9	81.3	65.5	79.8	66.4
Male	85.4	76.4	84.1	72.7	82	72.7
Female	77.4	59.9	78.5	58.6	77.6	60.5

Source: Statistics Canada, Census 1991, 1996, 2001

Labour force participation rate is the percentage of people aged 15 and over who are in the labour force compared to the overall population aged 15 and over. For census years 1991, 1996 and 2001, labour force participation of both males and females is greater in Yukon than the rest of Canada. The contrast between participation in Yukon and Canada is greatest for women. For the past 10 years, female labour force participation in Yukon has been approximately 17% to 20% higher than participation by Canadian females.

Summary: Chapter 3

Yukon's population is aging more rapidly than Canada and is approaching the same age composition as the Canadian population.

Between 1996 and 2001, Yukon's population declined by 5.5%.

The median earnings in the Yukon is higher than the Canadian median but the gap is narrowing.

Yukon adults have one of the highest levels of educational attainment in Canada.

Yukon's unemployment rate fluctuates more than the Canadian unemployment rate and Yukon has had consistently a higher unemployment rate over the last nine years.

4. mortality

Introduction

Indicators of mortality include life expectancy, infant mortality, age-standardized mortality rate and mortality based on selected cause of death. Many factors contribute to a population's mortality rate; these factors include education, social status and risk taking behaviours. Particularly, education improves people's ability to access and understand information and keep them healthy. Education can lead to lower mortality rates from preventable injuries that tend to happen in younger age groups.

Education also improves access to information that allows the elderly to engage in healthier practices that increase the age to which they live. As societies become more educated, birth rates tend to decrease. Higher health status is therefore associated with lower birth rates, lower death rates in younger age groups, and higher life expectancy. After wealth, the figures on death rates, birth rates and life expectancy say more about the health of a population than any other health indicator.

Rates of **Death**

Life expectancy

Life expectancy at birth is one of the oldest and most widely used measures of the health of a population. It is defined as the average age an individual can expect to reach given the current probability of dying at each age. There have been remarkable gains in life expectancy in almost all member countries of the Organization for Economic Cooperation and Development (OECD) over the last four decades. This has been attributable to declining mortality rates at all ages, including a sharp reduction in infant mortality rates and higher survival rates at older ages.

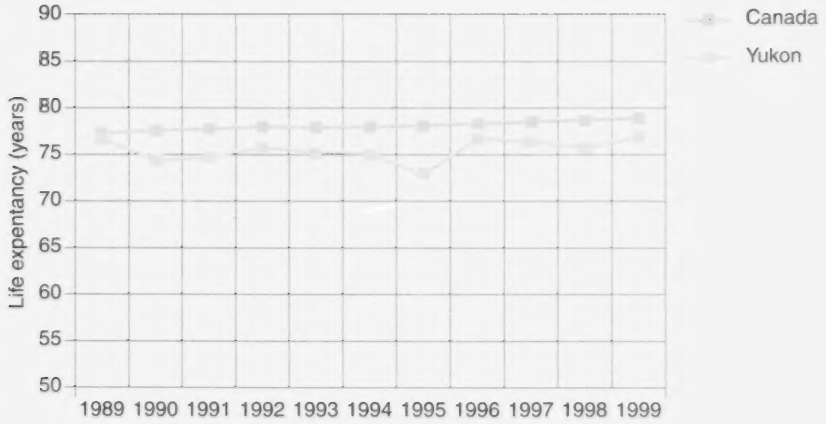
Life expectancy of Canadians has increased by approximately five years in the last quarter century. Although females have tended to live longer than male, the gender gap has been narrowing over the past two decades.

Data from 1989 to 1999 suggest that while the discrepancy between Yukon and Canada as a whole is narrowing, Yukoners can expect to live somewhat shorter lives than fellow Canadians. Canadian figures show a gradual but clear increase in life expectancy over the past ten years. Life expectancy among Yukoners has also increased over this time period, although there are much greater fluctuations in Yukon data. In 1999, life expectancy in Yukon was 76.9 years, compared to the Canadian average of 79 years, a difference of 2.1 years. Although the difference in life expectancy between Yukon and Canada is small, it is statistically significant.

When comparing life expectancy between Yukon and Canadian males in 1999, Yukon males' life expectancy is 75.9%, and Canadian males' is 76.3%. From 1989 to 1999 Yukon female life expectancy fluctuated above and below the Canadian average. In 1999 the life expectancy from birth for Yukon males was 75.9 years, or 3.1 years less than the life expectancy for Yukon females.

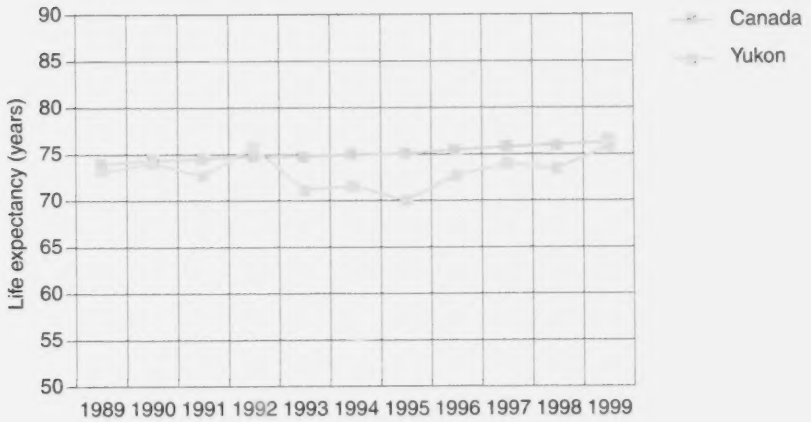
Please refer to the last section of the report, entitled *Peer Group Comparisons*, as life expectancy will be discussed further in this section.

Figure 4.1(a)
Life expectancy at birth, **overall,** 1989 to 1999
Yukon & Canada



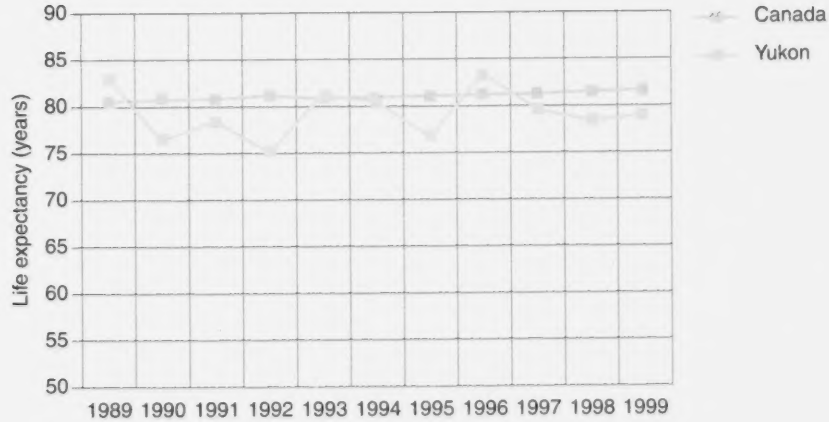
Source: Statistics Canada, CANSIM 102-0025

Figure 4.1(b)
Life expectancy at birth, **male,** 1989 to 1999
Yukon & Canada



Source: Statistics Canada, CANSIM 102-0025

Figure 4.1(c)
Life expectancy at birth, **female,** 1989 to 1999
Yukon & Canada



Source: Statistics Canada, CANSIM 102-0025

Standardized mortality rate

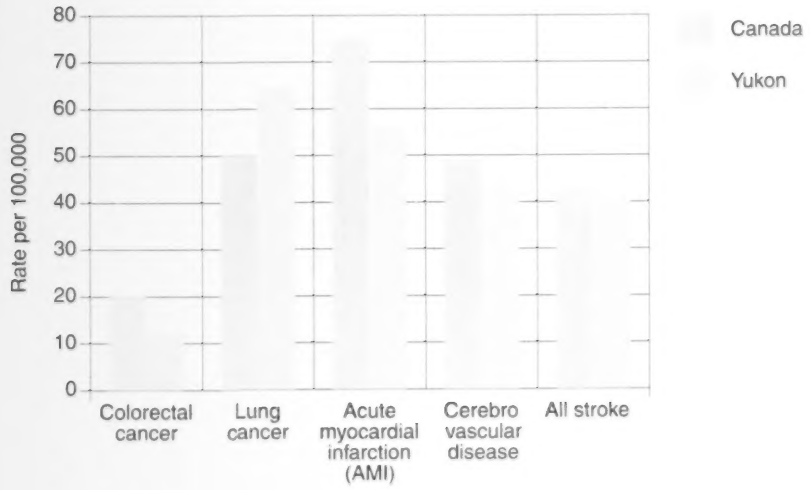
This indicator allows comparisons between regions of the annual number of deaths per 100,000 population as though all regions had the same age structure. We have already seen that Yukon has a younger population than Canada as a whole. We also know that death rates vary according to age. Therefore, death rates in regions with younger populations will be less influenced by age and more by influenced by other factors. By standardizing populations for age, we can see whether differences in death rates between the populations are the result of something other than differences in age distribution. There are two important features of this measure that warrant further comment: (1) Yukon's small population results in considerable fluctuations in the data from year to year which do not necessarily reflect true changes in death rates. (2) The data are presented in rates per 100,000 population which can magnify small changes in Yukon data from year to year.

Averaging age-standardized mortality data from 1989 to 1999[8] may lead to a more accurate picture of death rates than would any single year, or any comparison from year to year. As previously released in the Performance Indicators Reporting Committee document, age-standardized cancer or acute myocardial infarction or stroke death rate trends may indicate long-term success in reducing deaths from these diseases. Lower death rates may indicate success in cancer or cardio-vascular disease prevention, detection and treatment.

8 These rates have been calculated as an average of the annual age-standardized mortality rates from 1989 to 1999. The optimal method of averaging age-standardized mortality rates is to use the actual data on deaths and population, and then standardize the mortality rates according to the age distribution. The former method of calculation may result in less accurate estimates of age-standardized mortality. This imprecision may be alleviated by the large fluctuates in annual mortality rates which could obscure the more sensitive calculation method.

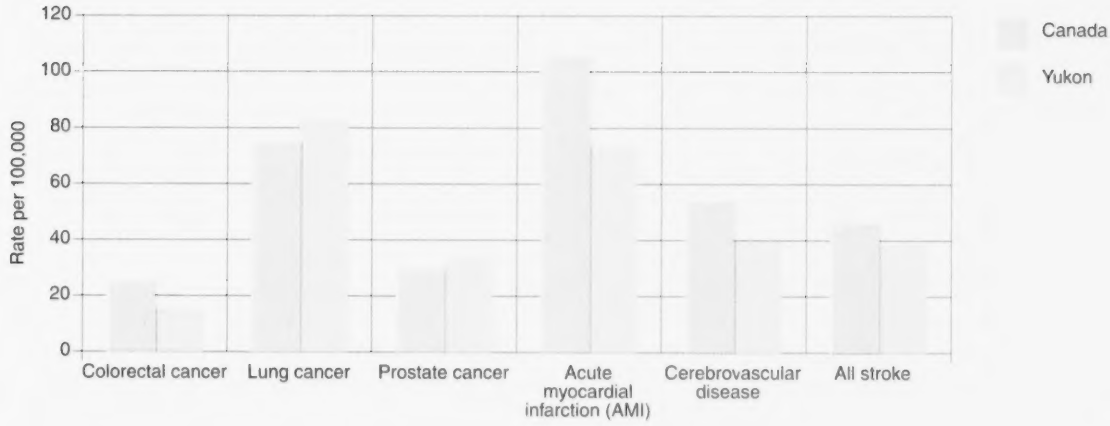
Yukoners show a higher rate per 100,000 population of lung cancer, possibly related to the historically high smoking rates in the territory. This high rate is consistent across both males and females. On the other hand, Yukon shows a lower than Canadian rate per 100,000 population in acute myocardial infarction and cerebrovascular disease. Although it is very difficult to attribute Yukon's lower rate of acute myocardial infarction, colorectal cancer and cerebrovascular disease, a contributing factor could be the higher level of physical activity of Yukoners when compared to the rest of Canada (*see Peer Group Comparison section*). Through active lifestyle choices, Yukoners may enjoy less circulatory and heart disease. Yukon males show consistently lower rates of acute myocardial infarction, cerebrovascular disease and stroke when compared to the rest of Canada but Yukon females do not show this same pattern. When comparing the genders within the territory, Yukon females have a higher rate per 100,000 population of cerebrovascular disease and stroke.

Figure 4.2 (a)
Age-standardized mortality rate per 100,000 population, by selected cause of death, **overall,** 1989 to 1999 averaged
Yukon & Canada



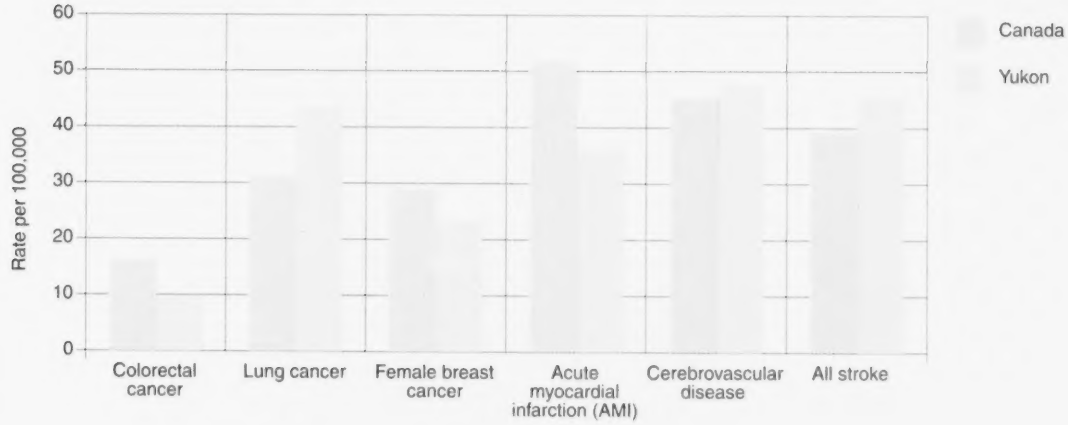
Source: Statistics Canada, CANSIM 102-0026

Figure 4.2 (b)
Age-standardized mortality rate per 100,000 population, by selected cause of death, **male,** 1989 to 1999 averaged
Yukon & Canada



Source: Statistics Canada, CANSIM 102-0026

Table 4.2 (c)
Age-standardized mortality rate per 100,000 population, by selected cause of death, **female,** 1989 to 1999 averaged
Yukon & Canada



Source: Statistics Canada, CANSIM 102-0026

Infant mortality

Infant mortality is among the most frequently used indicators of population health status and is closely associated with pre-term and low birth-weight births. For the past four decades, most industrialized nations have experienced reductions in the infant mortality rate. However, there is still room for improvement as, even in industrialized nations, infant mortality varies with socio-economic status.

Table 4.1
Infant mortality, rate per 1,000 births,1990 to 2002
Yukon

Years	Neonatal (less than 28 days)	Post neonatal (28 days to 1 year)	Total
1990-2002	2.49	2.13	4.62

Source: Yukon Bureau of Statistics

Pre-term **births**

Limited information is available on what causes pre-term births although certain risk factors have been identified. In addition to multiple births or a history of previous pre-term births, these risk factors include maternal smoking, genital tract infections, stress, anxiety and depression. Pre-term births account for 75-85% of all perinatal mortality in Canada[9] An inverse relationship exists between the gestational age of infant and mortality rate, with higher rates of death occurring among infants with the youngest gestational age. Additionally, pre-term birth is associated with neonatal and infant ill-health, including such conditions as bronchitis, asthma and frequent nose or throat infections. As there are few pre-term births in the territory and mothers who are at risk for pre-term births are frequently transported to larger centres and not calculated in these data, it is difficult to make an accurate interpretation of the information.

Table 4.2
Percentage of pre-term births, 1990 to 2002
Yukon

Years	Preterm Births (<37 weeks gestation)
1990-1992	7.0%
1993-1995	4.6%
1996-1998	4.1%
1999-2000	4.6%
2001-2002	5.0%

Source: Yukon Bureau of Statistics

[9] Moutquin, JM & Papiernik E. (1990 Sept.) Can we lower the rate of preterm birth? *BULL SOGC* 19-20.

Low birth **weight**

Low birth weight, defined as less than 2500 grams or 5.5 pounds is affected by pre-maturity, multiple births, maternal illness, nutrition, smoking and other factors related to socio-economic status. Low birth weight is an indicator of maternal health during pregnancy and general health of newborns, which is a key determinant of infant survival, health and development. Health risks for the low birth-weight infants include activity limitation, bronchitis or asthma, frequent nose or throat infections and visual problems. From 1990, there has been a progressive decrease in the number of low birth-weight births in Yukon. Public education campaigns and maternal education may have positively influenced the increase in normal birth-weight infants.

Table 4.3
Percentage of births with low birth weight, 1990 to 2002
Yukon

Years	Low birth weight births (<2500 grams)
1990-1992	4.6%
1993-1995	4.1%
1996-1998	3.5%
1999-2000	3.6%
2001-2002	2.4%

Source: Yukon Bureau of Statistics

A large proportion of deaths in Canada are due to non-communicable diseases (e.g. cancer) and injuries.

Causes of **Death**

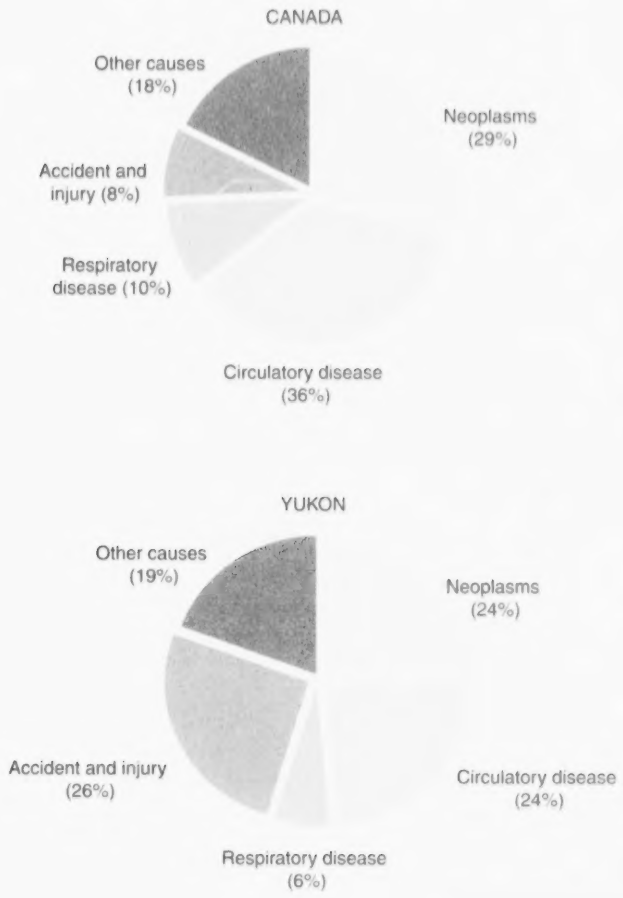
Death by major cause

Cause of death is coded using the International Classification of Disease, Version 9 (ICD-9 Code). As is true in most prosperous and developed countries, a large proportion of deaths in Canada are due to non-communicable diseases (e.g. cancer) and injuries. In contrast, in less prosperous developing countries communicable diseases and maternal, perinatal and nutritional conditions play a significantly greater role. Statistics which compare cause of death between genders can provide important information on the relative significance of different causes in the death of males and females.

Although it is difficult to interpret year-to-year differences in accident and injury mortality due to extreme fluctuations in the rate, it appears that Yukon males die as a result of accidents and injuries at a rate three times than the national average.

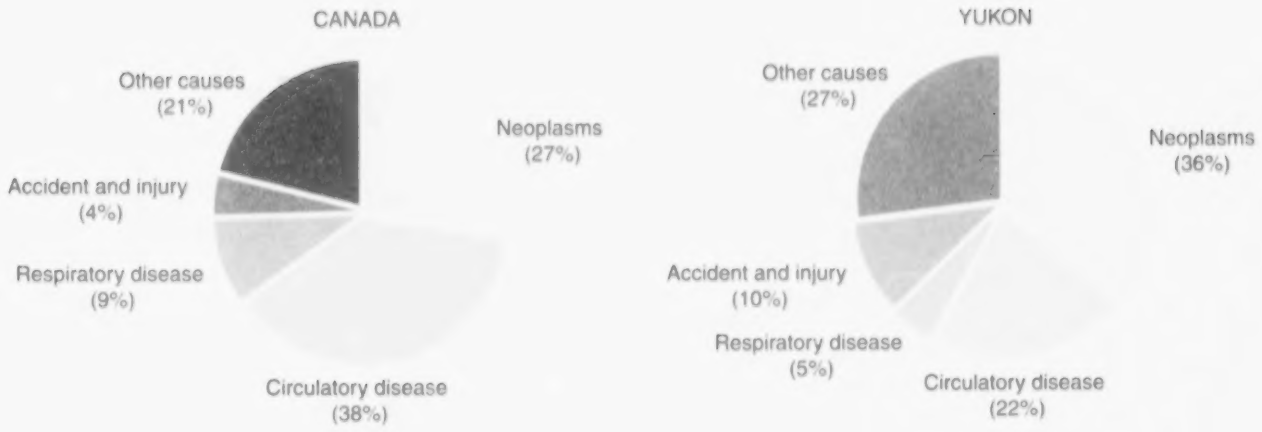
Whereas circulatory diseases are the number one cause of death (38%) among Canadian females, neoplasms is the leading cause of death for Yukon females (36%).

Figure 4.3(a)
Percentage of death by major cause, **male,** 1996 to 1999
Yukon & Canada



Source: Statistics Canada, CANSIM 84F0208XPB

Table 4.3 (b)
Percentage of death by major cause, **female,** 1996 to 1999
Yukon & Canada



Source: Statistics Canada, CANSIM 84F0208XPB

Potential years of life lost

Potential years of life lost is another good measure of population health because it reflects mortality among younger age groups. Potential years of life lost (PYLL) is the number of years of life 'lost' when a person dies *prematurely* before age 75 from any cause. For example, a person dying at age 25 has lost 50 years of life and a person dying at age 60 has lost 15 years of life.

This report focuses on PYLL in the areas of colorectal, lung and prostate cancer, acute myocardial infarction, cerebrovascular disease and unintentional injuries. Historically, deaths due to unintentional injuries account for a very large portion of PYLL in the territory, particularly so for Yukon males. In comparing Yukon data to that of Canada, Yukon repeatedly shows less potential years of life lost in every category except unintentional injuries. The data show that the potential years of life lost among Yukoners due to unintentional injuries is 2.5 times higher than Canada as a whole. This pattern is consistent across genders as well; both Yukon males and females show a 2.5 times more PYLL than their Canadian counterparts.

Table 4.4
Potential years of life lost (PYLL), rate per 100,000 population, overall, male & female, average 1989 to 1999
Yukon & Canada

	Overall		Male		Female	
	Yukon	Canada	Yukon	Canada	Yukon	Canada
Colorectal cancer	50.03	136.70	48.07	156.84	53.32	116.42
Lung cancer	396.09	414.75	514.86	517.90	270.10	310.91
Prostate cancer	-	-	17.63	63.21	-	-
Breast cancer	-	-	-	-	199.97	370.00
Acute myocardial infarction	247.66	398.19	433.68	608.31	48.11	186.66
Cerebrovascular diseases	113.41	159.76	50.20	173.35	183.74	146.07
All stroke	112.85	146.44	48.60	157.40	183.74	135.40
Unintentional injuries	2176.71	809.08	3234.99	1207.53	1031.13	407.96

Source: Statistics Canada, Canadian Vital Statistics, Death Database

Suicide

Suicide is a tragic occurrence which has emotional, social and financial consequences for Yukon families and communities. Approximately 15% of Yukoners, age 15 years or older, have seriously considered taking their own lives (CCHS 2000). Fortunately, fewer make suicide attempts and fewer still succeed.

The number of Yukoners who take their own lives varies significantly from year to year. Between 1993 and 2001, 68 Yukoners took their own lives, with a median of seven suicides per year.

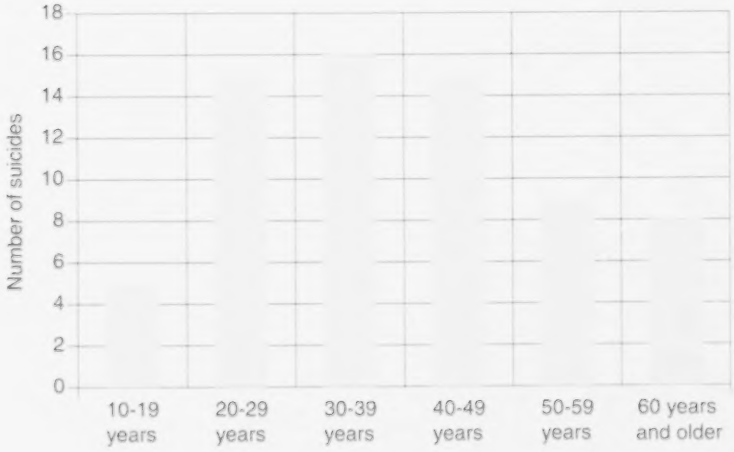
Figure 4.4
Number of suicides, 1993 to 2001
Yukon

Source: Taken from Certificates of Coroner, 1993-2001

Because of the relatively small numbers and the concern for privacy of the individuals and their families, it is not possible to provide a further breakdown of those who committ suicide by age and sex on a year-by-year basis.

However, this restriction does not hold if the data from 1993 to 2001 are aggregated. The aggregate data confirm that males are more likely than females to take their own lives; males commit 89% of suicides. Suicide is not, however, restricted to one or a few age groups, but occurs across the lifespan.

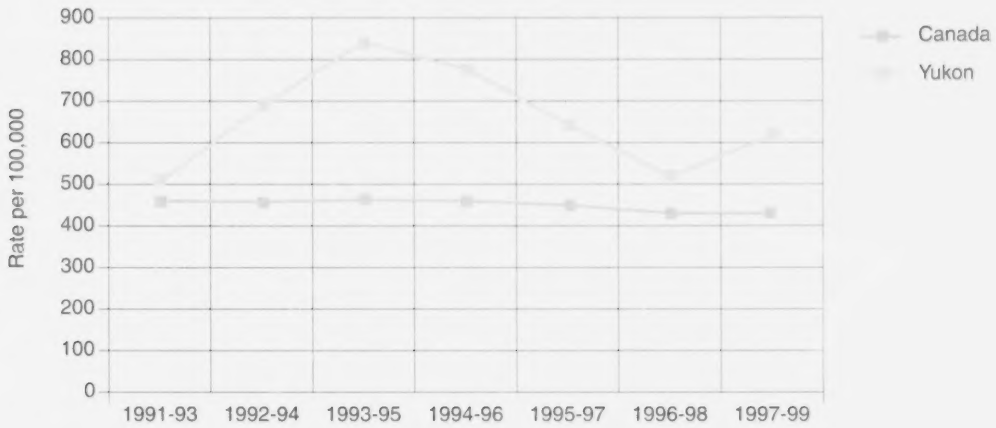
Figure 4.5
Number of suicide, by age, 1993-2001
Yukon



Source: Taken from Certificates of Coroner, 1993-2001

Although these data do not show a high number of suicides among Yukon adolescents, the potential years of life lost due to suicide has been consistently greater than that of Canada as a whole. These data imply that Yukoners commit suicide at a younger age than Canadians do as a whole.

Table 4.6
Potential years of life lost (PYLL) due to suicide, rate per 100,000 population, 1991 to 1999 Yukon & Canada



Source: Statistics Canada, Canadian Vital Statistics, Death Database

Unlike other northern communities, there is no evidence of the "contagion" effect in Yukon. A contagion effect is where the suicide of one individual triggers other suicide attempts among peers and a cluster of suicides occurs within a short period of time.

Gunshot wounds are the most common means of suicide in Yukon, accounting for 55% of all suicides during this period.

Suicide arises out of a complex interaction between the characteristics of the individual, his or her experience, and the environment. No single factor can account for why a person would take his/her own life, and for any particular suicide, it is likely that several factors are at play.

Research on the factors that influence the rate of suicide in a region or population is complex. Many, but not all, studies find a relationship between level of gun ownership and suicide by firearms within a given region or jurisdiction. There is also research which points to a relationship between alcohol impairment and suicide by firearms. Proper storage of firearms and ridding homes of firearms when a family member is known or thought to be suicidal are good suicide prevention strategies.

Summary: Chapter 4

Although the gap is narrowing, Yukoners can expect to live 2.1 years less than their fellow Canadians.

Overall, Yukoners shows a higher rate of lung cancer but show a lower rate of acute myocardial infarction, colorectal cancer and cerebrovascular disease when compared to Canada.

There has been a small but progressive decline in the number of low birth-weight births in Yukon.

Yukon shows 2.5 times more potential years of life lost through unintentional injuries than other Canadians.

Approximately 15% of Yukoners, age 15 years of age or older, have seriously considered taking their own lives.

5. morbidity

Morbidity is the measure of the relative incidence of illness and disease in a population. Along with mortality, it is used as an indicator for the overall health of a population.

Prevalence of **Health Problems**

Health care utilization

As people generally consult a health care professional to help with a health problem, the percentage of people who visit a health care professional provides some information about the occurrence rate of health problems of a population. Health care utilization is the percentage of a population that has accessed a health professional in the last 12 months. In this definition, health professionals include family physicians, specialist physicians, nurse, dentists, orthodontists, chiropractors, physiotherapists, mental health practitioners, audiologists, and speech and occupational therapists.

Virtually all Yukoners visited a health professional during the past 12 months. Ninety-seven percent of Yukon females and 88.2% of Yukon males report doing so. Of those individuals, a large majority of the population (84.4%) report that contact with a family doctor took place in a doctor's office. Males are somewhat more likely than females to have had their most recent contact with a family doctor in a hospital emergency room. This difference could reflect a higher level of risk-taking behaviors resulting in injury among males.

Little difference exists between the percentage of urban and rural Yukoners who have consulted a health professional in the past 12 months; however as expected, rural individuals report less contact with the family doctor in a doctor's office setting and more with contact with family doctors in alternative locations (e.g.: walk-in clinics, community health centres, home visits and telephone consultations) when compared to their urban counterparts.

Table 5.1
Percentage of visits with a family doctor, by location of consultation and sex
Yukon

	Doctor's Office	Hospital Emergency Room	Community Health Centre	Other (Hospital out-patient clinic, walk-in clinic, at home, telephone consultation only)
Male	81.8%	8.3%	4.8%	5.0%
Female	86.5%	3.9%	2.7%	6.9%

Source: CCHS 2000

Health Utility Index

The health utility index is a generic health status index that measures impairment in relation to vision, hearing, speech, mobility and pain. Difficulties or problems in these areas can affect quality of life and the ability of individuals to live pain-free and independently.

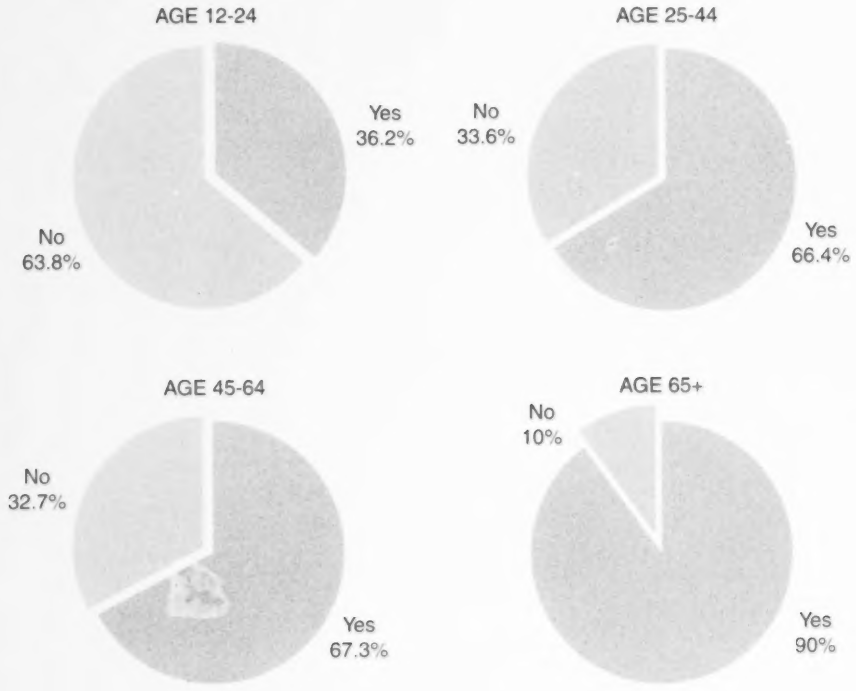
Approximately half (49.6%) of Yukoners report having vision problems which are corrected by lenses; the majority of the remaining Yukoners report having no vision problems. These data suggest that most Yukoners have ready access to corrective lens as required. In contrast, a very high proportion of Yukoners (95% or higher) report no hearing, speech or mobility problems. Overall, Yukoners show a high health-related quality of life in the areas of vision, hearing, speech and mobility.

In 2000, approximately 90% of Yukoners reported that they were not prevented from performing activities of daily living due to pain. As expected, individuals over the age of 45 are twice as likely than are younger individuals to report experiencing pain of an intensity or frequency that interferes with daily activities (9.3% versus 4.2%). Females are somewhat more likely to report interference with activities due to pain than are males.

Chronic disease

The presence of a chronic condition affects not only how well a person feels, but also how able he or she is to carry out activities of daily living and to live independently. In the territory, 61.2% of the population report having at least one or more chronic conditions. Of those who report a chronic condition, approximately 42% report allergies (other than food allergies), 31% report back problems (excluding fibromyalgia & arthritis) and finally, 23.3% report having arthritis/ rheumatism (Note: more than one response is possible).

Figure 5.1
Percentage of population reporting a least one chronic condition, by age
Yukon



Source: CCHS 2000

The rate of chronic conditions among Yukon people of different ages was assessed. In the 12-24 year age category, approximately 29.2% reported asthma as a chronic condition; this was the second highest reported chronic condition next to allergies other than food allergies. The prevalence of asthma in the 12-24 year age category is consistent with findings that childhood asthma has risen sharply since the late 1970's.[10] Asthma not only affects personal health status (e.g., through activity limitation), but may also require frequent physician visits (general practitioner & specialist), hospital admissions and medical interventions. Although changes in diagnosis and management of the disease and greater awareness of the illness have contributed to the increase in reported prevalence, these are not the only contributing factors.

Table 5.2
Percentage of most frequently reported chronic condition, by age

Age	Most Frequent	Second Most Frequent	Third Most Frequent
12-24 years	Allergies other than food allergies (43.5%)	Asthma (29.2%)	Migraine headache (20.9%)
25-44 years	Allergies other than food allergies (50.2 %)	Back problems excluding fibromyalgia & arthritis (31%)	Other chronic conditions (24.5%)
45-64 years	Back problems excluding fibromyalgia & arthritis (36.1%)	Allergies other than food allergies (34.8%)	Arthritis/rheumatism (31.1%)
65+ years	Arthritis/rheumatism (50.1%)	High blood pressure (42.5%)	Back problems excluding fibromyalgia & arthritis (28.3%)

Source: CCHS 2000

[10] Millar, Wayne & Hill, G. *(1998, Winter)* Childhood Asthma, Health Reports, [Statistics Canada], *10* (3); 9-21

It is commonly found that the prevalence of most chronic conditions increases with age. Although Yukoners 25 years of age and older were more likely to report chronic conditions than younger Yukoners, only marginal differences were found in the prevalence of chronic conditions in the 25-44 and 45-64 year age groups, where 66.4% and 67.3%, respectively, reported at least one chronic condition.

The absence of a difference in prevalence rates between these two age groups can indicate a number of things. What is unclear is whether prevalence is higher among 25-44-year-olds than expected, or prevalence is lower than expected among 45-64-year-olds. Further research is required to investigate the burden of chronic diseases across age groups.

By the age of 65, a very high proportion (90%) of individuals report a chronic condition. Of those who report a chronic condition, 50% have arthritis or rheumatism, 42.5% have high blood pressure and 28.3% have back problems (excluding fibromyalgia and arthritis). The effects of arthritis, rheumatism, or back pain include long-term disability and increased health utilization, each of which compromises quality of life, but rarely results in death or institutionalization. In contrast, 42.5% of individuals report high blood pressure, which, if left untreated, can be fatal; heart disease is one of the leading causes of death among Canadians.

Across all age groups, females tend to report higher levels of chronic conditions when compared to males (68.4% versus 54.1%). This gender difference could result from either a higher incidence or a higher rate of detection. As females seek medical attention more than men, it is possible that there are more opportunities for a chronic condition to be detected and diagnosed.

Diabetes

In the National Diabetes Surveillance System (NDSS), a person is counted as having diabetes if (1) that person received a hospital separation with a discharge diagnosis of diabetes or (2) two claims were submitted by a physician in a 2 year period where the diagnosis is diabetes.

The prevalence of diabetes, as defined by the National Diabetes Surveillance System was 3% for Yukon in 2001. This is lower than the prevalence rate of 5% reported for Canada.

As can be seen in the accompanying table, diabetes is more common in older Yukoners. In 2001, the prevalence of diabetes in females aged 20 to 39 was 1.2% and increased to approximately 10.4% in females who were at least 75 years of age. A similar pattern is seen in males. In males the respective rates were 0.6% and 13.6%.

Overall, the rate for females has increased from 2.2% in 1999 to 3.0% in 2001 and from 2.4% in 1999 to nearly 3.0% for males.

Table 5.3(a)
Prevalence of diabetes, **female,** 1999, 2000, 2001
Yukon

	1999		2000		2001	
Age	Number	Percentage*	Number	Percentage*	Number	Percentage*
20 - 39	54	0.97	60	1.1	59	1.2
40 - 59	108	2.28	116	2.39	144	2.94
60 - 74	70	7.92	89	9.6	96	10.08
75+	22	6.9	24	7.45	33	10.38
Overall	254	2.21	289	2.53	332	3.01

*This may be interpreted either as the x% of the population or the number of individuals per 100 population, who has diabetes

Source: Data extracted from National Diabetes Surveillance System

Table 5.3(b)
Prevalence of diabetes, **male,** 1999, 2000, 2001
Yukon

	1999		2000		2001	
Age	Number	Percentage *	Number	Percentage *	Number	Percentage *
20-39	25	0.47	26	0.53	26	0.58
40-59	147	2.71	157	2.87	165	2.82
60-74	102	8.37	119	9.43	126	9.96
75+	21	8.37	28	10.53	35	13.57
Overall	295	2.42	330	2.77	352	2.96

*This may be interpreted either as the x% of the population or the number of individuals per 100 population, who has diabetes

Source: Data extracted from National Diabetes Surveillance System

Communicable disease

It requires vigilance and extensive coordination to protect the public from the spread of infectious diseases. Public education, sanitation, disease surveillance, vaccination and other clinical services continue to be important measures to prevent illness, disability or death from infectious diseases.

Vaccination plays an important role in decreasing the occurrence and spread of those diseases for which a vaccine is available. Vaccination efforts have eliminated polio and greatly reduced the incidence of measles, diphtheria, rubella, pertussis (whooping cough) and *Haemophilus influenzae* type b. However, outbreaks of vaccine-preventable diseases such as pertussis still occur. Even when a disease appears to have been eliminated, it is crucial to continue routine vaccination in order to prevent the possibility of new outbreaks. While modern vaccines are very effective overall, they do not have 100% efficacy and a few vaccinated individuals may not be fully protected. For some vaccines, the immunity they provide decreases over time.

Yukon endeavors to follow the National Advisory Committee on Immunization (NACI) Recommended Child Vaccination Schedule. Routine vaccination is offered to protect infants and children against diphtheria, pertussis, tetanus, measles, mumps, rubella, hepatitis B, poliomyelitis, and *Haemophilus influenzae* type B.

Communicable diseases are monitored on a territorial, national and international level. Yukon provides monthly reports to Health Canada on a number of diseases. The list of notifiable diseases is updated regularly and has changed significantly since the previous Yukon Health Status Report published in 1998.

The tables presented in this section reflect current priorities in communicable disease reporting and include diseases added to the list in 2000. Diseases that are not endemic to Yukon and when seen in Yukon have generally been acquired abroad (e.g. malaria and leprosy), have not been included.

Communicable disease rates

The problems associated with making comparisons between rates for Yukon (where the average population is small) and Canada as a whole are discussed in the *Introduction* to this report.

It is important to note that the data represents only 'reported' cases. In some instances, there may be under-reporting as happens when an infected person does not seek treatment, the infected person is a silent carrier, or a specific diagnosis is not made or reported. It is equally important to recognize that more aggressive surveillance and testing can result in increased rates even when the actual incidence of the disease remains unchanged.

Table 5.4
Diseases preventable by routine vaccination, rate per 100,000 population, 1994 to 2002
Yukon

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Invasive *Haemophilus Influenzae* type B	0	0	0	0	0	0	0	3.28	0
Hepatitis B	16.6	9.7	21.9	0	9.5	0	6.5	3.28	0
Measles	0	0	6.3	0	0	0	0	0	0
Mumps	0	3.2	15.7	3.1	3.2	0	0	0	0
Pertussis	13.3	32.4	413.3	21.7	0	0	474.1	0	283.7
Rubella	0	0	0	6.2	0	0	0	0	0
Acute flaccid paralysis	-	-	-	-	-	-	0	0	0

Source: Yukon Communicable Disease Control

With the exception of pertussis and hepatitis B, the rates of vaccine-preventable diseases in Yukon have been either very low or have declined to very low levels from 1994 to the present.

High rates of hepatitis B experienced in Yukon in 1994 and 1996 led to an expansion of the vaccination program in subsequent years. The expansion of this program may have been responsible for the relatively low rates of hepatitis B seen since 1996.

Pertussis (whooping cough), a highly contagious bacterial infection of the respiratory tract, affects young children most severely. Outbreaks tend to occur in three to five year cycles. The introduction of a new form of the vaccine in 1997 may have resulted in a decline in the rates of this disease in Yukon. While immunization has reduced its incidence among young children, vaccination is not recommended for persons over seven years of age due to adverse side effects. Therefore Yukon's adolescent and adult populations remain vulnerable to the disease. In fact, during the 2000 outbreak, the highest reported rates of infection were in the 5 to 14 year age group. During the outbreak in 2002, the highest number of reported cases was in the 5 to 14 and 40 to 59 year age groups.

No cases of Group B streptococcal disease in newborns, legionellosis, or hantavirus pulmonary syndrome have been reported in Yukon since these were added to the list of reportable diseases in 2000. Rates of invasive Group A streptococcal disease (necrotizing fasciitis) and invasive pnemococcal disease remain low.

There have been no new cases of tuberculosis in the last two years. In contrast, tuberculosis is prevalent in other northern regions, with Nunavut having the highest rate in Canada and Alaska having one of the highest rates in the USA. With risk factors linked to the rates of HIV infection and increasing antibiotic resistance (all of which are risk factors for tuberculosis), vigilance needs to be maintained.

Although the rates of chicken pox, a fairly benign childhood disease, have fluctuated from year to year, it remains a common illness. However, serious complications are more likely when chickenpox is acquired in adolescence or adulthood and it can be fatal for newborns. Vaccination is therefore encouraged for people in high-risk categories.

Over the past five years, Yukon has had a few laboratory confirmed cases of influenza although there have not been any influenza epidemics. The very young, those over 65 years of age and those with medical conditions that put them at greater risk of experiencing severe complications with influenza are encouraged to get annual vaccinations.

Table 5.5
Diseases transmitted by direct contact and respiratory routes, rate per 100,000 population, 1994 to 2002
Yukon

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Chickenpox (Varicella)	143.1	275.2	300.6	428	215.7	412.4	385.8	105.2	216.9
Group B streptococcal disease of the newborn	-	-	-	-	-	-	0	0	0
Invasive Group A streptococcal disease	-	-	-	-	-	-	0	9.9	3.3
Invasive pneumococcal Disease	-	-	-	-	-	-	9.8	0	6.7
Influenza (laboratory - confirmed)	-	-	-	-	-	-	75.2	62.5	33.4
Legionellosis	-	-	-	-	-	-	0	0	0
Invasive meningococcal disease	0	0	3.1	0	3.2	0	0	0	0
Tuberculosis	33.3	6.5	18.8	6.2	6.3	3.2	9.8	0	0
Hantavirus pulmonary syndrome	-	-	-	-	-	-	0	0	0

Source: Yukon Communicable Disease Control

These enteric infections are transmitted through the consumption of food or beverages. Therefore, good sanitation practices in food storage, handling, preparation and serving are important for the prevention of infection. Routine water testing and purification safeguard public drinking water.

Sporadic cases of giardiasis (beaver fever) continue to occur in Yukon. Yukoners acquire giardiasis primarily by drinking from unreliable water sources such as lakes or streams that are open to human and animal fecal contamination. No case of giardiasis or cryptosporidiosis in Yukon has been attributable to public drinking water. Some enteric infection cases are directly related to travel outside of Yukon.

Table 5.6
Enteric, food and waterborne disease, rate per 100,000 population, 1994 to 2002
Yukon

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Campylobacterosis	33.2	13.3	28.7	26.9	25.4	29	6.5	9.9	10
Cryptosporidiosis	-	-	-	-	-	-	16.3	6.6	0
Giardiasis	93.2	119.8	68.9	65.1	57.1	58	62.1	42.7	50
Hepatitis A	16.6	6.5	0	6.2	3.2	0	0	0	3.3
Salmonellosis	13.3	13.2	25.5	20.9	15.9	19.3	6.5	6.6	13.4
Shigellosis	0	10	0	5.98	3.2	0	0	3.3	10
Verotoxigenic E. coli	0	0	0	0	0	3.2	6.5	0	0

Source: Yukon Communicable Disease Control

Sexually transmitted and bloodborne infections

Chlamydia rates continue to be high in Yukon, exceeded only by those in Nunavut and the Northwest Territories. The highest rates of this sexually transmitted infection are among teenagers and young adults 15 to 24 years of age. Ongoing sexual health education, the promotion of safer sex practices, and accessible testing and treatment are key measures in the prevention of sexually transmitted diseases.

Rates of gonorrhea vary considerably from year to year, with no trend apparent. Yukon experienced a syphilis outbreak in 2000 and 2001 as did British Columbia and Alberta. The highest rates of both syphilis and gonorrhea infection in 2000 were among young adults 20 to 24 years old. The rate of syphilis infection declined in 2002 following increased education, testing and treatment efforts. These rates will need to be monitored closely for any future increases.

Hepatitis C is a viral infection of the liver transmitted through bloodborne exposure, most commonly intravenous drug use. Less commonly, it can be spread by sexual contact with an infected person, from an infected mother to her infant, or through other forms of bloodborne exposure. Many cases of hepatitis C in Canada have not yet been diagnosed, so the actual prevalence of infections is likely greater than reported. Diagnosis and reporting of hepatitis C declined following the 'look-back, trace-back'[11] efforts from 1996 through 1999, which was a concerted effort to identify persons who may have received blood products infected by hepatitis C. In 2000, the highest rates of diagnosed hepatitis C infection in Yukon were among adults 30 to 59 years of age.

[11] Canadian Blood Services (CBS) has two processes in place to limit the potential damage of an infected donation. A trace-back begins with a patient who may have a transfusion-related infection. CBS conducts a targeted search to identify which donor(s) gave that person blood. A look-back begins with an infected donor. CBS conducts a targeted search to identify which patients received that donor's blood

A total of 37 HIV-positive cases have been diagnosed in Yukon since 1986. The primary means of transmission has been identified as men having sex with men and intravenous drug use. Public education and publicly funded needle exchange programs are strategies to reduce the transmission of HIV through shared or borrowed needles.

Table 5.7
Sexually transmitted and bloodborne infections, rate per 100,000 population, 1994 to 2002
Yukon

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Chlamydia	509.2	505.1	450.9	536.6	561.5	567	477.4	430.7	470.6
Gonorrhea	43.3	64.8	31.3	0	34.9	48.3	16.3	9.9	36.7
Hepatitis C	46.6	178.1	241.1	269.9	244.3	145.	153.7	138.1	146.9
HIV*	11.8	3.1	6.4	6.0	9.5	3.3	16.3	13.2	10
Syphilis	3.3	0	0	0	0	0	32.7	78.9	20

*A total number of 37 HIV Positive cases were diagnosed in the Yukon since 1986.

Source: Yukon Communicable Disease Control

Summary: Chapter 5

Virtually all Yukoners visited a health professional during the past 12 months.

Ninety percent of Yukoners report they are *not* prevented from performing daily-living activities due to pain.

Sixty-one percent of population report having at least one or more chronic conditions.

The diabetes prevalence rate in Yukon is lower than the prevalence rate in Canada.

There have been no cases of measles, rubella, or mumps in the past four to six years in Yukon which may be due largely to comprehensive childhood vaccination efforts.

Cyclical outbreaks of pertussis (whooping cough) continue to occur among children and older Yukoners, with the most recent outbreak in 2002.

The high rates of chlamydia infection among teenagers and young adults remain a concern which may be addressed by ongoing education, testing and treatment initiatives.

6. self care, health and well-being

Mental health and well-being

Mental health is a state of well-being in which an individual is able to realize his or her potential, cope with the normal stresses of life, work productively, and contribute positively to the community in which they live (World Health Organization, 1999). Mental well-being is influenced by personal resources (e.g. sense of optimism or coping skills) as well as the environment in which people live. Safe, supportive families and communities promote mental well-being, whereas violence and abuse undermine mental health.

Mastery

An indicator of mental well-being is the extent to which people feel able to exert some control over their life, actions, and decisions. This characteristic is referred to as mastery. A high sense of mastery is associated with optimism, high self-esteem, and better physical, emotional and mental health. It is reasonable to suppose that people who believe they have some control over life events are more likely to exert control. For example, a high sense of mastery may help people to cope successfully with stresses of life.

Thirty-one percent of Yukoners have a high sense of mastery and an additional 55 percent have a moderate sense of mastery. Whereas males and females do not appear to differ on this dimension, a sense of mastery may decline with age.

Yukoners aged 65 and older are more likely to report low levels of mastery and less likely to report a high sense of mastery. This same finding holds true for Canadians as a whole and may reflect the fact that older individuals are more likely to experience physical, health, social and/or financial difficulties which may limit the extent to which they can control or influence important aspects of their lives.

Safe, supportive families and communities promote mental well-being, whereas violence and abuse undermine mental health.

Table 6.1
Percentage of population that experiences sense of mastery, by age
Yukon

Age	Sense of mastery		
	Low	Medium	High
12-24 years	16%	56%	28%
25-44 years	11%	54%	35%
45-64 years	14%	56%	30%
>65 years	26%	56%	18%

Source: CCHS 2000

A similar pattern is seen when we look at income. Yukoners with lower incomes are more likely to have a low sense of mastery and less likely to have a high sense of mastery than those in the upper income ranges. The relationship between mastery and income is not unique to Yukoners but holds true for Canadians as a whole (National Population Health Survey, 1994-95). There may be many reasons for this relationship, including the possibility that people with greater financial resources use these resources to exert control over some aspects of their lives. Conversely, limited financial resources likely impose significant restrictions on the extent to which low income earners can exert similar control.

Table 6.2
Percentage of population that experience sense of mastery, by income
Yukon

Income quartile	Sense of mastery		
	Low	Medium	High
Low	30%	52%	19%
Lower middle	22%	47%	32%
Upper middle	8%	63%	29%
High	7%	55%	38%

Source: CCHS 2000

Sense of belonging

Having access to strong support in one's family, friends and community is an important determinant of health. Supportive relationships can help people cope with adversity and give them more control over life circumstances. One indicator of social support networks may be a sense of belonging, or the extent to which an individual feels connected to the community in which they live.

Approximately 80% of Yukoners describe their sense of belonging as very or somewhat strong. No differences were found between male and female, nor is there any clear relationship between sense of belonging and income. Not surprisingly, rural Yukoners feel more connected to their community than do people living in Whitehorse, and older people feel more connected than younger people.

Table 6.3
Percentage of population that experience sense of belonging, by residence
Yukon

Place of residence	Sense of belonging		
	Very strong	Somewhat strong	Somewhat weak or weak
Whitehorse	23%	48%	28%
Rural Yukon	32%	57%	11%
All Yukon	28%	52%	20%

Source: CCHS 2000

Table 6.4
Percentage of population that experience a sense of belonging, by age
Yukon

Age	Sense of belonging		
	Very strong	Somewhat strong	Somewhat weak or weak
12-24 years	16%	58%	26%
25-44 years	27%	52%	21%
45+ years	35%	49%	16%

Source: CCHS 2000

Depression

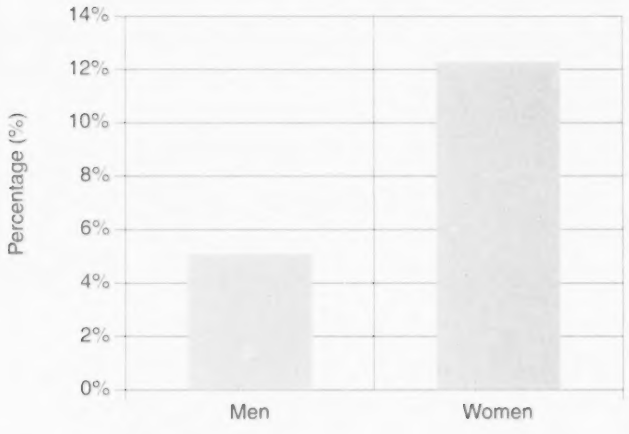
Feeling downhearted or sad can be a normal response to a difficult life situation. Typically these feelings are short-lived. With depression, these feelings persist, additional symptoms emerge (e.g. sleep problems and feelings of hopelessness) and the person's ability to function on a day-to-day basis is impaired.

Depression is a very common mood disorder with a high lifetime prevalence. Almost one-quarter of Canadians will suffer a major depression at some point in their lives. Depression takes a significant toll on the emotional well-being of individuals and families. The financial costs due to reduced productivity and increased absenteeism are also high.

Approximately 9% of Yukoners and 7% of Canadians report five or more symptoms of depression; the difference in these rates is not statistically significant. In other words Yukoners are no more likely to report symptoms of depression than are Canadians as a whole. For a significant number of these individuals, the number and strength of the symptoms would warrant a diagnosis of clinical depression.

Yukon females are more likely to report depressive symptoms than males by a factor of 2:1. This is a very common finding which holds up across time, populations, ethnic groups and age.

Figure 6.1
Percentage of population reporting five or more symptoms of depression, by sex
Yukon

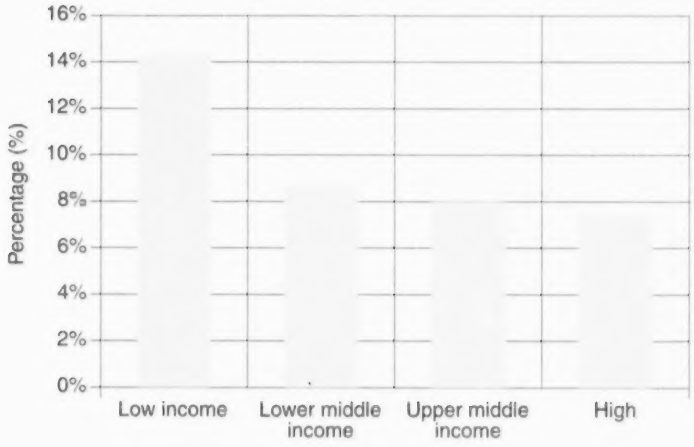


Source: CCHS 2000

Many different reasons have been proposed to account for the fact that females are more than twice as likely as males to become clinically depressed. Although some of this difference may be explained by differences in brain chemistry, social and psychological factors may be more important. Depression among females has been found to be related to economic hardship, multiple role strains, violence and discrimination. Psychological factors have also been proposed, including feelings of helplessness and powerlessness. To the extent that these factors are more likely to be experienced by females than males, sex differences in rates of depression are understandable.

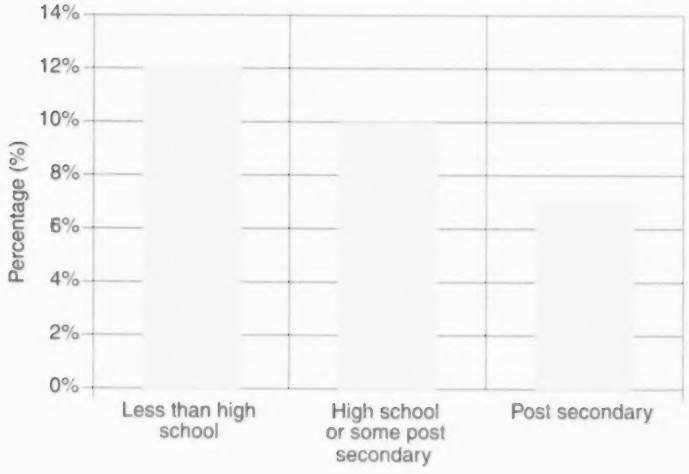
Depressed mood also varies according to income and level of education. People in the lowest income group report symptoms of depression more frequently. Yukoners in the lowest income bracket are almost twice as likely to report symptoms of depression than are high income earners. This relationship between income and depression is well established and holds true across different cultures and ethnic groups. It is not surprising that a similar pattern is seen with educational level, given the relationship between income and years of formal schooling.

Figure 6.2
Percentage of population reporting five or more symptoms of depression, by income
Yukon



Source: CCHS 2000

Figure 6.3
Percentage of population reporting five or more symptoms of depression, by educational attainment
Yukon



Source: CCHS 2000

A high or moderate sense of mastery is conducive to positive mental health. Yukoners experiencing depressed mood are less likely to have a high sense of mastery and more likely to have a lower sense of mastery than are non-depressed individuals. This relationship has been found in other studies. Feelings of helplessness may be common to both low mastery and depression. It is unclear whether a low sense of mastery predisposes one to depressed mood, or whether depressed mood erodes one's sense of mastery, or mastery and depression influence each other in a reciprocal fashion.

Table 6.5
Percentage of population reporting five or more symptoms of depression, by sense of mastery
Yukon

Depressed mood	Sense of mastery		
	Low	Moderate	High
Yes	23%	55%	22%
No	12%	56%	33%

Source: CCHS 2000

Depression may be under-identified. Eleven percent of Yukoners consulted with a health professional for emotional or mental health reasons; 36% of these Yukoners experienced five or more symptoms of depression.

Although Yukoners with depressed mood are more likely to seek consultation for emotional or mental health reasons than those who are not depressed, more than half (58%) of those reporting symptoms of depression did not do so. This means that some people who are clinically depressed may not be getting the benefit of a thorough assessment and/or treatment. This finding is not unique to Yukon and has been found in numerous other studies both in Canada and the United States.

There may be several reasons why individuals do not seek out professional advice when experiencing symptoms of depression. Some people may be unaware that they are experiencing a mental health problem for which effective treatments are available. Others may be reluctant to report mental health problems to a health professional due to fear or embarrassment. Still, others may not know how to obtain help. This points to the potential role that public education can play in helping individuals understand and identify mental health problems they or their family members may be experiencing. Ensuring that Yukoners know when and how to get help is also important.

When a health professional is consulted for emotional or mental health reasons, it is likely to be the family doctor; over half (55%) of those who sought professional assistance went to their family physician.

Healthy Choices

Self-rated health

One of the most widely used and reliable indicators of health is self-rated health. This simple measure, which asks people to rate their own level of health, has been demonstrated to be as reliable a measure of health as asking a much more complex set of questions.

The vast majority of Yukoners (89%) report their health as being excellent, very good or good. As Yukoners age, there is a greater likelihood that they will rate their health as fair or poor. Twice as many of those 45 years or older (16%) are likely to describe their health as fair or poor compared to 7% to 8% of those under 45 years of age. This decline in self-rated health may be because chronic health conditions such as diabetes and cardiovascular disease are usually diagnosed in mid-life.

There is also a social context to health. For example, those who rate their health most positively are more likely to have someone with whom they can talk, get advice and information, or enjoy spending time. On the other hand, those who rate their health as fair are less likely to have their needs for affection met. The relationship between social support and self-rated health is most apparent for those 24 years and younger.

Over half of Yukoners (57%) took steps to improve their physical health in the past year, with females and those in younger groups are more likely than others to make changes in their lives. There does not appear to be a relationship between income and taking action to improve health.

Table 6.6
Percentage of population reporting doing something to improve their health in the past year, by sex
Yukon

Sex	Took action
Male	51%
Female	63%

Source: CCHS 2000

Table 6.7
Percentage of population report doing something to improve their health in the past year, by age
Yukon

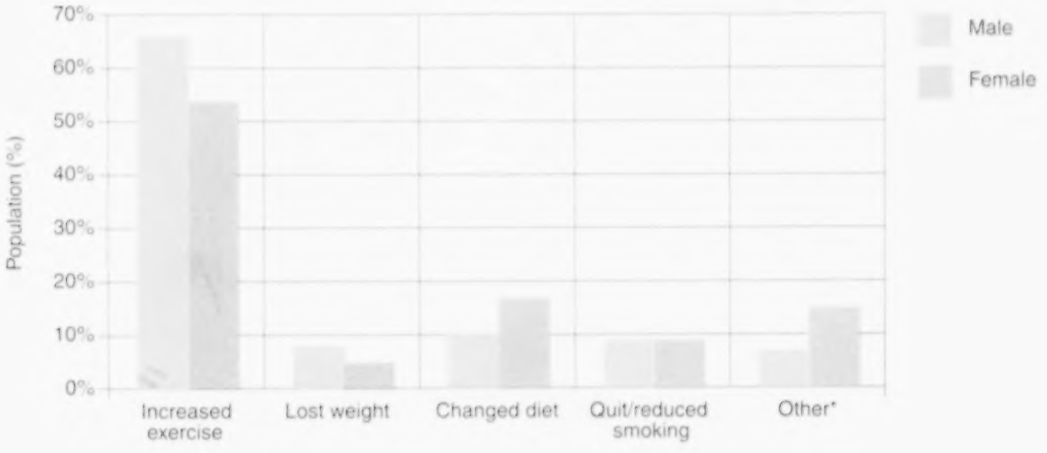
Age groups	Took action
12-24 yrs	71%
25-44 yrs	53%
45-64 yrs	58%
65+ yrs	36%

Source: CCHS 2000

The most common strategy used by Yukoners to improve their health is to exercise more but some also changed eating habits, quit or cut down on smoking, lost weight or tried other ways to improve their health. While many (66%) feel there is still more they should do, almost half (44%) of Yukoners face challenges which make it difficult for them to take steps to improve their health. This is especially so for people in older age groups. On the other hand, factors such as income, gender and living in rural settings do not seem to be as important. The two most common obstacles to improve health are lack of will power and available time.

Although Yukoners feel that they are in very good health, both age and social isolation can affect how they perceive their health. They are aware of steps they can take to improve their health and many are taking concrete actions to do so. However, some Yukoners, particularly those who are older, face challenges making it difficult for them to put their intentions into action. It is important that Yukoners continue to take action to improve their health and address the barriers at an individual and community level.

Figure 6.4
Percentage of population reporting single most important change made to improve physical health, by sex
Yukon



Source: CCHS 2000

Physical activity among Yukoners

The benefits of regular activity include better health, improved fitness, feeling more energetic, better posture and balance, stronger muscles and bones, weight control, reduced stress and improved self-esteem. There is growing evidence that regular physical activity not only reduces the risk of conditions such as high blood pressure, coronary heart disease, stroke, colon cancer, non-insulin-dependent diabetes, obesity and osteoporosis, but also alleviates complications and improves functioning in individuals who have chronic conditions such as diabetes and arthritis. For older Yukoners, physical activity increases their ability to remain independent and reduces the burden of health care costs associated with the above-mentioned illnesses.

Two thirds of Yukoners (66%) 12 years and older were found to be active or moderately physically active based on their self-reported level of participation in leisure activities such as sports, walking, fishing or gardening. By comparison, between 39% and 45% of Canadians were active or moderately active during this period. This pattern of higher levels of activity among Yukoners than Canadians as a whole holds over the entire period of 1994 to 2001. Since the survey did not include traditional activities such as berry picking or snowshoeing, local sports such as curling, or physical activity at work, it is possible that Yukoners are even more active than this measure indicates.

Table 6.8
Percentage of population reporting being physically or moderately active, by age
Yukon

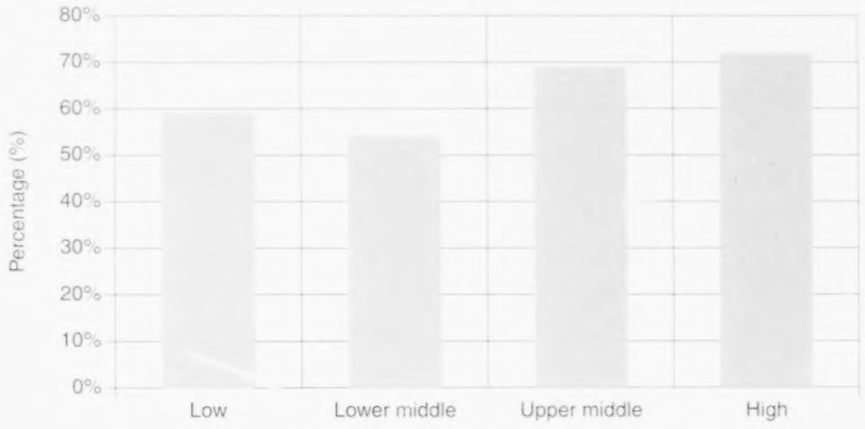
Age	Active/ moderate
12-24 years	78%
25-44 years	70%
45-64 years	57%
65+ years	54%

Source: CCHS 2000

The most active groups are likely to be youth 12 to 24 years of age, female, and those with higher incomes. Almost half (46%) of those 65 and older were inactive compared to 22% of youth. Over 40% of those in low or lower middle income groups were inactive as compared to 28% of those with high incomes. Fewer marked differences were seen between city dwellers and those living in rural areas and between males and females.

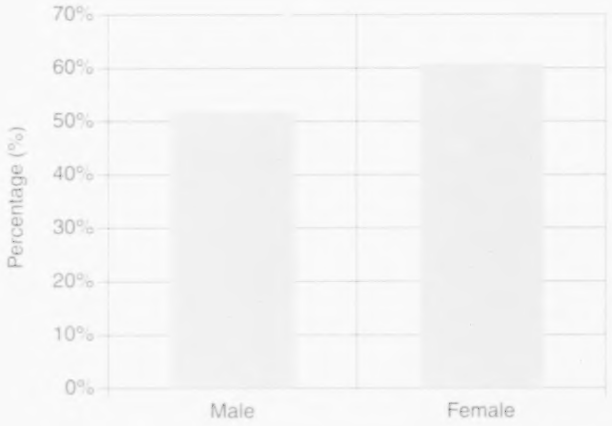
Yukoners have achieved a high level of physical activity, exceeding Canadians overall. However, about one third of the population are inactive, especially older or lower income Yukoners, and could increase their level of physical activity as a step towards improving their health.

Figure 6.5
Percentage of population report being physically or moderately active, by income
Yukon



Source: CCHS 2000

Figure 6.6
Percentage of population report being physically or moderately active, by sex
Yukon



Source: CCHS 2000

Healthy eating

A balanced diet is crucial for healthy growth, development, functioning and protection from illness. Canada's Food Guide recommends that we eat five to ten servings of fruit and vegetables (fresh, frozen, or canned fruit and vegetables, salads and juices) a day. Less than half of Yukoners (40%) consume five or more servings of fruit and vegetables a day. Males in general, people living in rural areas, and those with lower incomes are least likely to meet the daily requirement for fruit and vegetables. However, levels of consumption do not seem to be related to age.

What we eat depends not only on personal choice but factors such as adequate income to purchase nutritious foods and the availability of reasonably priced fruit and vegetables year round. It is a concern that about one fifth of Yukoners (22%) reported having financial difficulties in securing food in the past year. Some worried that there would not be enough food due to lack of money (14%), some did not have enough food to eat (10%), and some were not able to eat the amount or kinds of food that they wanted (17%).

Table 6.9
Percentage of population reporting consuming less than five servings of fruit and vegetables and experiencing food insecurity in the past year, by income
Yukon

Income	Less than 5 servings	Food insecurity
Low	68%	52%
Low middle	70%	41%
Upper middle	60%	17%
High	55%	6%

Source: CCHS 2000

Those living in rural areas, those with low to lower middle incomes and female lone-parent families are more likely to experience food insecurity, while those over 45 years of age are less likely to face difficulties. As expected, there is a clear relationship between income and food security. Over half (52%) of low income Yukoners as compared to 41% lower middle income, 17% of upper middle income and 6% of high income Yukoners experienced some food insecurity in the past year. Twice as many people in rural areas (30%) experienced some food insecurity as compared to urban dwellers (15%). About a third of lone parent families (31%) experienced some food insecurity as compared to 21% of couples with children.

Table 6.10
Percentage of population reporting consuming less than five servings of fruit and vegetables and experienced food insecurity in the past year by residence
Yukon

Place of residence	Less than 5 servings	Food insecurity
Urban	58%	15%
Rural	67%	30%

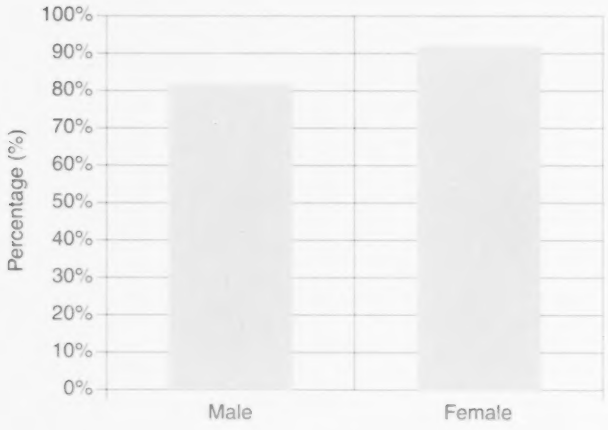
Source: CCHS 2000

While people are aware of the importance of good nutrition, it can be a challenge to maintain a healthy diet, given the wide availability of fast and processed foods. Some Yukoners face the additional challenges of accessibility and income that limit their ability to obtain the food they need.

Early detection of health risks

Early diagnosis and treatment of health conditions are important for improved health outcomes. For example, uncontrolled high blood pressure increases the risk of stroke, cardiovascular conditions and heart disease, these being leading causes of death among Canadians. The vast majority of Yukoners 25 years or older (95%) have had their blood pressure taken at some time, 70% within the past year. While males and females are equally likely to have had their blood pressure taken at least once, females tend to have their blood pressure checked more often. Among the 13% who were not tested in the past two years, most either did not consider it necessary or did not get around to it.

Figure 6.7
Percentage of population report having blood pressure taken within the past two years, by sex
Yukon



Source: CCHS 2000

Cancer screening includes mammography for breast cancer, Pap smears for cervical cancer, and PSA (prostate specific antigen) tests for prostate cancer. The Canadian Cancer Society recommends that females between the ages of 50 and 69 years and those at high risk of breast cancer have mammograms every two years, while females under 50 and over 69 years should check with their doctors. All sexually active females should have a Pap test every one to three years, depending on their medical history. Males 50 years of age or older and those at high risk of prostate cancer should have PSA tests as recommended by their doctors. Usually, PSA is a confirmation test if problems are detected in a physical examination.

Early diagnosis and treatment of health conditions are important for improved health outcomes.

The majority of Yukoners recognize the importance of early screening and diagnosis in treating health problems and are able to access the necessary screening services. A few, however, still do not consider it important to get tested as recommended. Generally, PSA testing for older men is less widely used than Pap smears or mammograms in cancer screening for women.

Most females aged 18 years and over in Yukon (95%) have had a Pap test at some time, over two thirds (69%) less than a year ago. Younger females seem to get tested more often. About three quarters (76%) of younger females (less than 45 years of age) had a Pap smear within the past year as compared to 58% of females 45 years and older. Most of those who neglected to get a Pap test in the past three years did not consider it necessary or did not get around to it, while about one fifth disliked having it done.

Table 6.11
Percentage of the female population report having a pap smear within the past year, by age
Yukon

Age groups of females who have ever had a Pap smear	Percentage who had a Pap smear in past two years
18 to 44 years old	76%
45 and older	58%

Source: CCHS 2000

Routine mammography screening is recommended for females 50 years of age and older in Yukon. Over two thirds (68%) of females 45 to 64 years of age and 73% of females aged 65 and over have had a mammogram at some time. Having a lower income or living in a rural area did not seem to pose barriers to being tested. Half (50%) of females 45 to 64 years of age and 70% of females 65 and older have had a mammogram as part of a regular check-up. Although some females were referred specifically for mammography because of a family history of breast cancer, a previously detected lump, or as a follow up to breast cancer treatment, more females 50 years and older have been screened as part of regular check ups. Most of the females aged 50 to 69 years who had not had a mammogram in the past two years stated that they did not get around to it or did not consider it necessary.

Table 6.12
Percentage of the female population over the age of 45 report ever having had a mammogram, by age
Yukon

Age of females	Percentage who ever had a mammogram
45 to 64 years old	68%
65 and older	73%

Source: CCHS 2000

Over a third (37%) of males aged 40 years and older has had a PSA test at some time, 60% of whom were tested within the past year. Over half (58%) of males 65 years or older have had a PSA test at some time. The majority of males report having a PSA test at some time as part of routine screening and as a follow up to prostate cancer treatment.

Table 6.13
Percentage of the male population over the age of 45 reporting ever having had a PSA blood test, by age
Yukon

Age of males	Percentage who ever had a PSA test
45 to 64 years old	37%
65 and older	58%

Source: CCHS 2000

Maternal and infant health

Maternal health practices influence the well-being of children. For example, low birth weight babies are more likely to die in the first week of life or to have serious health problems than do newborns of typical weight. Maternal risk factors for low birth weight include smoking and drinking alcohol during pregnancy. Exposure to environmental or second-hand tobacco smoke also has an adverse effect on the health of a non-smoking mother and her newborn.

Among Yukon females aged 12 and over, 16.9% had given birth in the past five years. About a third of these females (31.6%) smoked during their last pregnancy and 34% smoked while breastfeeding their last baby. A quarter (26.3%) were regularly exposed to second-hand smoke during or after their last pregnancy. It is also a concern that 26.4% of mothers drank alcohol while breastfeeding their last child.

Females planning to become pregnant are recommended to take 0.4 mg of folic acid daily for at least three months before pregnancy and in the first three months of pregnancy to reduce the risk of neural tube defects (abnormalities in the baby's brain, skull and spine such as spina bifida). Almost half (40.8%) of females who had given birth in the past five years took folic acid before their last pregnancy.

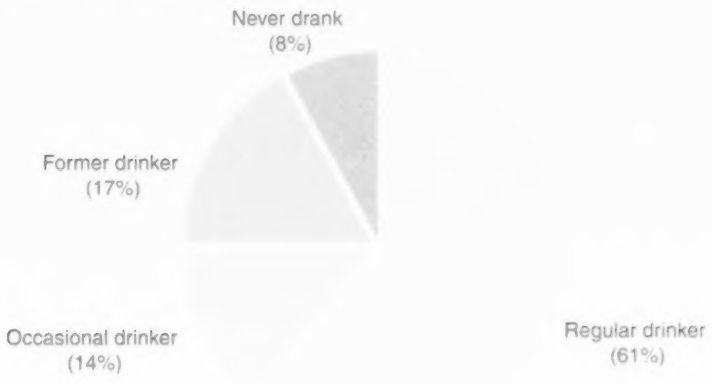
The Canadian Paediatric Society recommends exclusive breastfeeding for at least the first four months of life and then continued breastfeeding and supplimentary foods for up to two years of age and beyond for optimal child growth and development. Most mothers (90%) who had given birth in the past five years tried to breastfeed their last baby. About half (53.5%) of those reporting the duration of breastfeeding were able to breastfeed for seven months or longer and some until the child weaned himself or herself.

Alcohol

Alcohol can contribute to a wide range of health and social problems. Generally, alcohol consumption is associated with social occasions, used in celebration and ceremony. Depending on the quantity and frequency, alcohol use can be a benign occurrence, not associated with adverse social and health consequences. Alcohol misuse and dependency can result in harmful and tragic personal events, disruption of family relationships and interference with work and social environments. In the *Peer Group Comparison* section the differences between Yukoners and their fellow Canadians are further explored.

While research suggests that regular, moderate alcohol consumption may not be harmful for some individuals; excessive use can lead to both health and social problems. Regular drinkers, those who reported drinking more than once per week, represent approximately 61% of Yukon's population, followed by occasional drinkers 14% (reported drinking less than once per month), then former drinkers (i.e. those who had not consumed alcohol during the previous year) representing 17% of the population of those age 12 years of age and up. Little difference is indicated in these types of drinkers across residence (urban or rural), and across sex.
When individuals indicated they had reduced drinking or quit drinking altogether, reasons varying from drinking too much, interference with family or home life, effects on physical health and affected outlook on life and happiness were all listed.

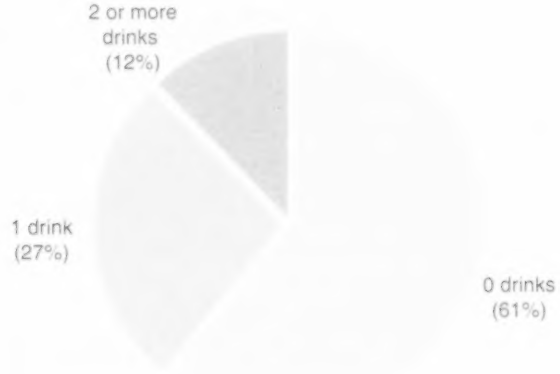
Figure 6.8
Percentage of population reporting frequency of alcohol consumption
Yukon



Source: CCHS 2000

Sixty-one percent of the population report not consuming alcohol on a daily basis, 27% report consuming an average of one drink per day; and 12% of Yukoners report consuming an average of two or more drinks per day. Approximately 70% of females do not drink alcohol on a daily basis, versus only 51.8% of males. Whereas 17.7% of males reported drinking an average two or more drinks a day, only 6.4% of females do so.

Table 6.9
Percentage of population reporting average daily alcohol consumption
Yukon



Source: CCHS 2000

Sexual behaviour

Adolescents who choose to abstain from sexual activity until they are older or are in longer term relationships are better able to avoid health risks such as unplanned pregnancies and sexually transmitted infections. Over half of Yukoners (53%) delayed the start of sexual activity until they were 17 years of age or older, while 20% became sexually active at 16 years of age and 24% at 15 years of age or younger. The *Canadian Youth and AIDS Study 2003* also found that 40% of males and 46% of females have had sexual intercourse by Grade 11 (around 17 years of age).

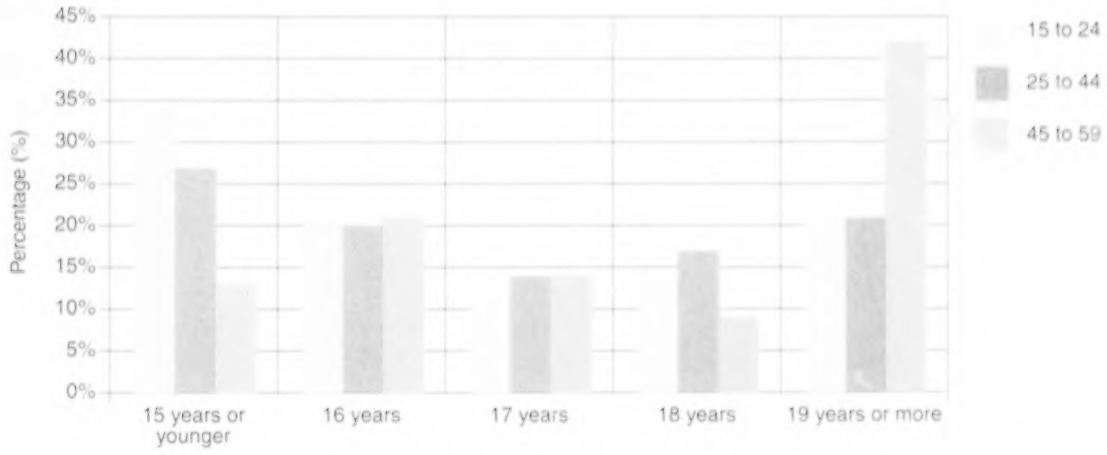
In Yukon, youth living in rural areas were more likely to start sexual activity at an earlier age (15 years of age or younger) than youth living in Whitehorse. There were little gender differences in the age of sexual initiation.

It is important to recognize that young Yukoners today are more likely to have sex at an earlier age than previous generations. About a third (34%) of those 15 to 24 years old began having sexual intercourse at 15 years of age or younger as compared to 27% of those currently 25 to 45 years old and 13% of those currently 45 to 59 years old.

Safer sex practices include using condoms for protection against HIV and other sexually transmitted infections. Not using condoms puts health, fertility and life at risk. While having one sexual partner does not automatically guarantee protection against sexually transmitted infections, multiple partners can increase risk. Among those Yukoners who had sex in the past year, 14% had two or more partners. No differences were found between urban and rural Yukoners or between males and females. Most of those (89%) with more than one partner in the past year were involved in short-term relationships. Among those in short-term relationships that lasted less than a year, almost half (44%) did not use condoms every time they had sex.

Sex involves choices. Since younger generations are having sex at an earlier age, it is important to give them the information, skills and services they need to protect their sexual health. National data show that the rate of sexually transmitted infections is highest among 15 to 24 year olds.[12] Not only are some Yukoners sexually active without adequate protection, they may also place themselves at risk by having multiple partners. While most Yukoners are taking the necessary precautions, those who do not practice safer sex face health consequences such as sexually transmitted infections. That this remains a concern is evident in the high rates of chlamydia in Yukon (see *Morbidity* section of this report).

Table 6.10
Percentage of population reporting age of first sexual activity, by age
Yukon



Source: CCHS 2000

[12] Health Canada (2002) Reported Genital Chlamydia/Gonnorhea Cases and Rates in Canada by Age Group and Sex. Division of Sexual Health Promotion and STD Prevention and Control, Bureau of HIV/AIDS, STD and TB, Ottawa. Government of Canada

Summary: Chapter 6

The majority of Yukoners experience a moderate to high sense of mastery, feel a sense of belonging to their community, and report few symptoms of depression.

Low income earners are more likely to be depressed and are more likely to have a low sense of mastery and less likely to have a high sense of mastery.

Although Yukoners who experience depressive symptoms are more likely to seek professional assistance than others, more than half of those who may benefit from consultation with a health professional concerning their mental health fail to seek professional advice.

The vast majority of Yukoners report their health as being excellent, very good or good.

Yukoners have achieved a high level of physical activity, exceeding Canadians overall.

The majority of Yukoners recognize the importance of early screening and diagnosis in treating health problems and are able to access the necessary screening services.

Over the past 12 months, 61% of Yukoners report they did not drink on a daily basis, while 27% report one drink per day and 12% of Yukoners report two or more drinks per day.

Yukoners today are more likely to have sex at an earlier age than previous generations. About a third of those between 15 and 24 years of age reported having sexual intercourse at 15 years of age or younger.

7. tobacco

Smoking Rates

Smoking is the leading cause of preventable disease and premature death among Canadians. All Canadians, including Yukoners, bear the health, social and economic burden created by tobacco use. Yukon has the third highest rate of smoking in Canada, second only to Nunavut and the Northwest Territories. Thirty-three percent of Yukoners, versus 21 % of Canadians, 12 years of age or older smoke on a daily or occasional basis.

A recent study of smoking behaviour and attitudes among Yukoners, 19 years of age and older, found that smoking rates varied across age groups.[13] This survey found that young adults continue to take up the habit at a high rate; 39% of Yukoners between the ages of 19 and 29 years smoke.

Tobacco is presented as a separate section to highlight the recently developed Yukon Tobacco Reduction Strategy.

Data extracted from Yukon Tobacco Survey, 2003

Table 7.1
Smoking rates, by age
Yukon

Age	Current smoker	Current non-smoker	Former smoker	Never smoked
19-29 years	39%	61%	32%	29%
30-39 years	33%	67%	32%	35%
40-49 years	35%	65%	32%	33%
50+ years	27%	73%	47%	26%

Source: Yukon Tobacco Survey, Cycle 1, 2003.

This survey also found that the percentage of non-smokers (all former smokers and those who have never smoked) is greatest among Yukoners aged 50 years or older. This appears to reflect the higher rate of quitting among this age group; almost half (47%) of Yukoners in this age category are former smokers.

Smoking rates among Yukoners also vary considerably according to income and educational background. Yukoners whose income is less than $30,000 are more than twice as likely to smoke as Yukoners with the highest incomes. Another striking pattern is that the likelihood of never having smoked is greatest among those with the highest incomes.

Table 7.2
Smoking rates, by income
Yukon

Income	Current smoker	Former smoker	Never smoked
$30,000 or less	54%	31%	15%
$30,000 - $50,000	27%	43%	30%
$50,000 - $100,000	20%	36%	44%
$100,000+	21%	28%	51%

Source: Yukon Tobacco Survey, Cycle 1, 2003

Rates of smoking also vary dramatically with level of education, with current smoking status showing a similar pattern to that of income. Smoking rates are highest among those with the least formal education and decline as level of education increases. The likelihood of never having smoked is considerably greater among those with the highest educational attainment.

Table 7.3
Smoking rates, by educational attainment
Yukon

Education	Current smoker	Former smoker	Never smoked
<High school	55%	38%	7%
High school	40%	36%	23%
Some post-secondary	26%	37%	36%
College/university	12%	31%	56%

Source: Yukon Tobacco Survey, Cycle 1, 2003

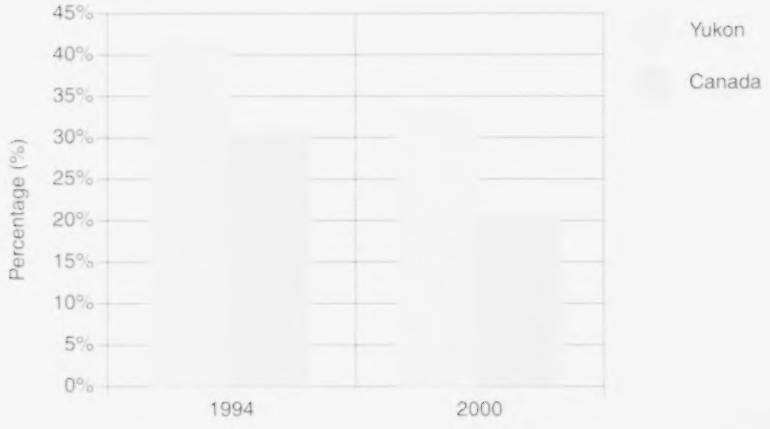
Changes in Smoking Rates

The overall rate of smoking and the observed differences in smoking rates across different segments of Yukon's population are a concern. At the same time, there are many indications that Yukoners, like other Canadians, are taking steps to reduce their use of tobacco and their exposure to second-hand smoke.

Smoking rates among Yukoners have declined steadily since 1994.

Currently, non-smokers outnumber smokers in Yukon by a ratio of 2:1. It is important to note that the decline in smoking rates in Yukon is comparable to the decline in smoking across Canada. Smoking rates from 1994 to 2000 for Yukon and Canada as a whole decreased by nine and ten percent, respectively.

Figure 7.1
Smoking rates, 1994 & 2000
Yukon & Canada



Source: NPHS, 1994; CCHS, 2000

Thirty-six percent of Yukoners are former smokers, the vast majority of whom (78%) quit 'cold turkey'. Smokers quit smoking for a variety of reasons, and some cite more than one reason.

Table 7.4
Smoking rates, 1994 to 2003
Yukon

Year	Smoking Rates
1994	42%
1996	41%
1998	N/A
2000	36%
2003	33%

Source: NPHS 1994, 1996; CCHS 2000; Yukon Tobacco Survey 2003, NPHS 1994 & 1996 and the CCHS 2000 surveyed Yukoners 20 years of age older. The Yukon Tobacco Survey, 2003 surveyed Yukoners, 19 years of age or older.

Table 7.5
Percentage of former smokers reporting reasons for quitting Yukon

Reason given for quitting	Percent
Consequences to health	41
Self-esteem, self concept	31
Thinking about others	15
Financial costs	7

Source: Yukon Tobacco Survey 2003

Quitting

Most Yukoners who smoke want to quit. Thirty-nine percent of current smokers report that they intend to quit within the next month; an additional 29% intend to quit within the next six months. These findings reflect the change process that smokers undergo as their motivation to quit smoking builds. This is very much in keeping with the Stages of Change model, which describes how people change behaviours such as addictions.

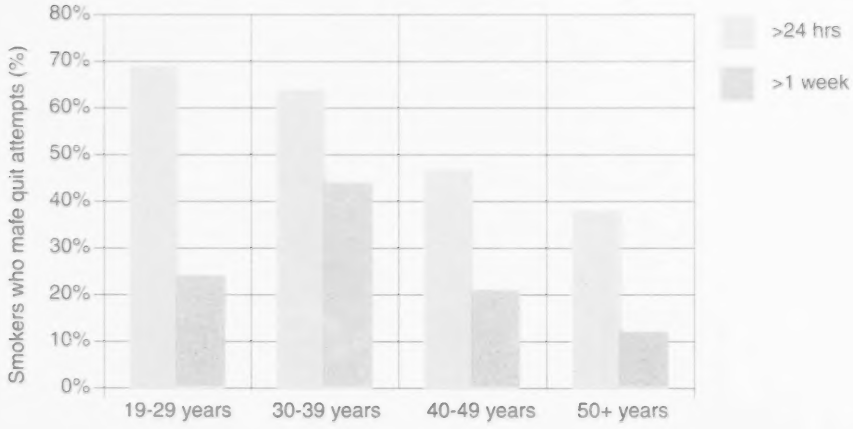
It is important to note that the differences among smokers in their intention or motivation to quit are reflected in their smoking behaviour. Smokers who intend to quit within the next month are more likely than other smokers to have made both brief and longer quit-attempts in the last 12 months. These data show that many smokers who presently have no intention of quitting have made quit attempts during the past year. Thirty-one percent have made at least one quit attempt lasting 24 hours, and 22% have succeeded in quitting for at least one week during the past year. This is consistent with the finding that most smokers make several quit attempts before they are able to quit for good.

Figure 7.2
Percentage of smokers who made quit attempts in past 12 months, by stage of quitting
Yukon

Source: Yukon Tobacco Survey 2003

Another interesting finding is that younger Yukoners are much more likely than older Yukoners to have made a brief quit attempt in the past 12 months. The results are somewhat less clear when it comes to quit efforts lasting one week or longer.

Figure 7.3
Percentage of smokers who made quit attempts in past 12 months, by age
Yukon



Source: Yukon Tobacco Survey 2003

All smokers who participated in Yukon Tobacco Survey were offered tobacco cessation materials appropriate to their estimated timeframe for quitting. The extent to which smokers took advantage of this opportunity varied according to their level of motivation to quit.

Table 7.6
Percentage of smokers who requested smoking cessation materials, by stage of quitting
Yukon

Stage of quitting	Percent
I don't want to quit	12%
I want to quit within 6 months	18%
I want to quit within a month	25%

Source: Yukon Tobacco Survey 2003

As might be expected, smokers who are ready to quit soon are more likely to request cessation materials. It is also interesting to note that 38% of former smokers who have quit within the last six months were interested in receiving material to assist them in remaining smoke-free.

Taken together, these findings demonstrate clearly that Yukoners are taking steps to turn their desire to quit smoking into action. It is also clear that Yukoners who have recently quit are taking steps to ensure that they have quit for good.

Reducing or limiting usage

Another indicator of smokers' desire to quit smoking is a decrease in the amount of cigarettes consumed. Although most Yukoners who smoke do so on a daily basis, 11.5% are occasional smokers. Most of these occasional smokers were daily smokers at one time in their life. The majority of these occasional smokers made the change more than two years ago.

Table 7.7
Percentage of smokers who switched from daily to occasional smoking
Yukon

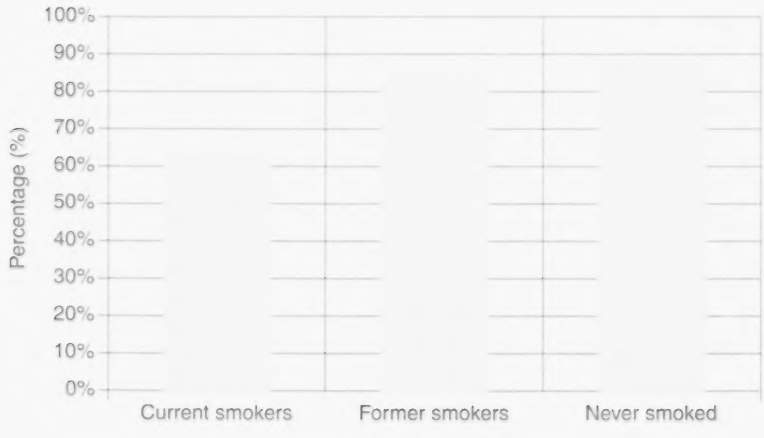
Daily to occasional smoking	Percent
<1 year	39%
2-3 years	22%
3 or more years	40%

Source: Yukon Tobacco Survey 2003

Concerns about second-hand smoke

Most Yukoners (79%) take action to reduce their own, and others', exposure to second-hand smoke. Although Yukoners who have never smoked are most likely to restrict smoking within the home, current smokers also take steps to limit smoking in their home.

Figure 7.4
Percentage of population who restrict smoking in their homes
Yukon



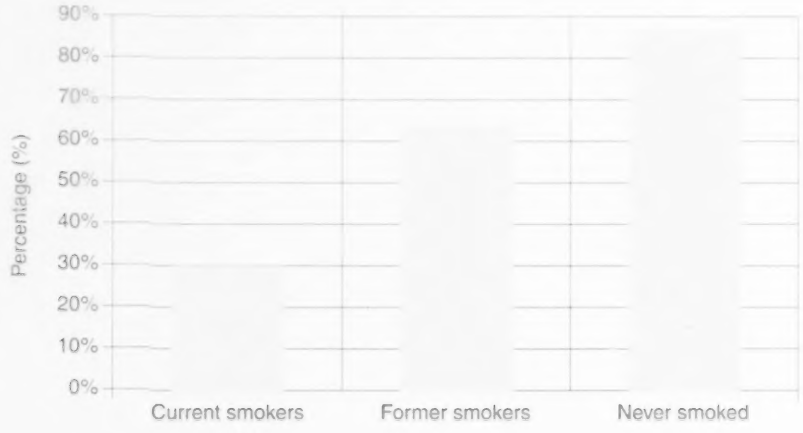
Source: Yukon Tobacco Survey 2003

Those who place restrictions on smoking in their home are most likely to prohibit smoking entirely at home (86%) and prevent smoking in the presence of children (84%).

Only a minority of Yukoners are exposed to tobacco smoke on the job. Whereas unrestricted smoking in the workplace is reported by 16% of Yukon workers, most report that smoking is allowed only in specially designated areas (56%) and/or in certain doorways (54%).

Finally, 60% of Yukoners seek out non-smoking public places when going out for social or recreational reasons. This percentage is highest among non-smokers, but 30% of smokers also seek out non-smoking public places.

Figure 7.5
Percentage of population who seek out non-smoking public places
Yukon



Source: Yukon Tobacco Survey 2003

Help others quit smoking

Former smokers and Yukoners who have never smoked encourage smokers in their lives to quit. Of those who have a close family member, friend, or co-worker who smokes, 73% of individuals who have never smoked and 68% of former smokers offer encouragement to quit. This encouragement generally takes the form of talking to smokers about their smoking. Unfortunately, about half of these non-smokers tend to talk in ways that are critical of the smoker or are likely to be experienced as nagging. Only 5% of non-smokers take steps on their own to get more information about the process of quitting smoking or how they might help a smoker quit. However, when offered materials, 35% of those who never smoked and 17% of former smokers accepted materials.

Nearly a quarter of non-smokers do not encourage smokers in their lives to quit. The reason cited most often (by 47% of these non-smokers) is that they view smoking as an individual choice.

Summary: Chapter 7

Although smoking rates have declined over the past decade, the rate of smoking among Yukoners is still about 50% higher than the national average.

Nevertheless, there are reasons to be optimistic. Non-smokers are now in the majority in Yukon, many Yukoners are former smokers and most current smokers are making efforts to reduce their use of tobacco or quit. Both smokers and non-smokers are taking steps to reduce the effects of exposure to second hand smoke.

8. **peer group** comparisons

Peer Groups

Many Yukoners see themselves as unique, different from other Canadians and at the same time they want to know how they compare with Canadians living in other parts of the country. Health planners, researchers and managers have a desire, but more importantly a need, to compare health services, health status and health outcomes across different regions. Should we compare ourselves with Canada as a whole? Or should we compare Yukon with parts of the country that are similar to us in important respects?

Statistics Canada has found a way to group health regions that are similar to each other (and different from all other health regions) based on 24 important social and economic characteristics. A peer group is defined as a 'cluster of health regions that have similar social and economic health determinants.' The statistical methods used by Statistics Canada produced ten peer groups based on:

- Demographics (e.g. population size, rate of change in population, population makeup)
- Living conditions (e.g. housing affordability, income equality)
- Working conditions (e.g. long-term unemployment rate)

When these characteristics are taken into account, Yukon is found to be similar to 12 other regions which range in population from 10,000 to 104,000; most of these health regions are located in the far north or the northern regions of some provinces.

This clustering enables us ask questions about how the health of Yukoners fares compared to people living in health regions which share similar social and economic features. Peer group comparisons are available for the following health indices based on the 2000 Canadian Community Health Survey.

Health Indices

Health outcomes	
Life expectancy	Average number of years a person can expect to live
Disability-free life expectancy	Average number of years a person can expect to live in the community without limitations on activity
Self-rated health	Percentage of the population who rates their health as "fair" or "poor"
Health behaviours	
Smoking	Percentage of the population that smokes tobacco on a daily basis
Obesity	Percentage of the population that scores in the upper range on the body mass index (BMI)
Physical inactivity	Percentage of the population that reports less than 3 15-minute periods of exercise in a one-month period
Alcohol consumption	Percentage of the population who have consumed 5 drinks or more on at least one occasion within a one-month period
Psychosocial factors	
Stress	Percentage of the population that rate most days as "quite a bit" or "extremely" stressful
Depression	Percentage of the population that may be clinically depressed

Although on some measures Yukoners may be different from particular health regions in our peer group, we are only marginally different from the peer group average on any measure.

On a positive note, Yukoners tend to be more active and experience less stress on a daily basis than other Canadians. On the other hand, relative to Canadians as a whole, Yukoners can expect to live somewhat shorter lives and enjoy fewer disability-free years. Yukoners also score higher on measures of tobacco and alcohol consumption than Canadians as a whole.

Table 8.1
Health indices comparison
Yukon, Peer Group & Canada

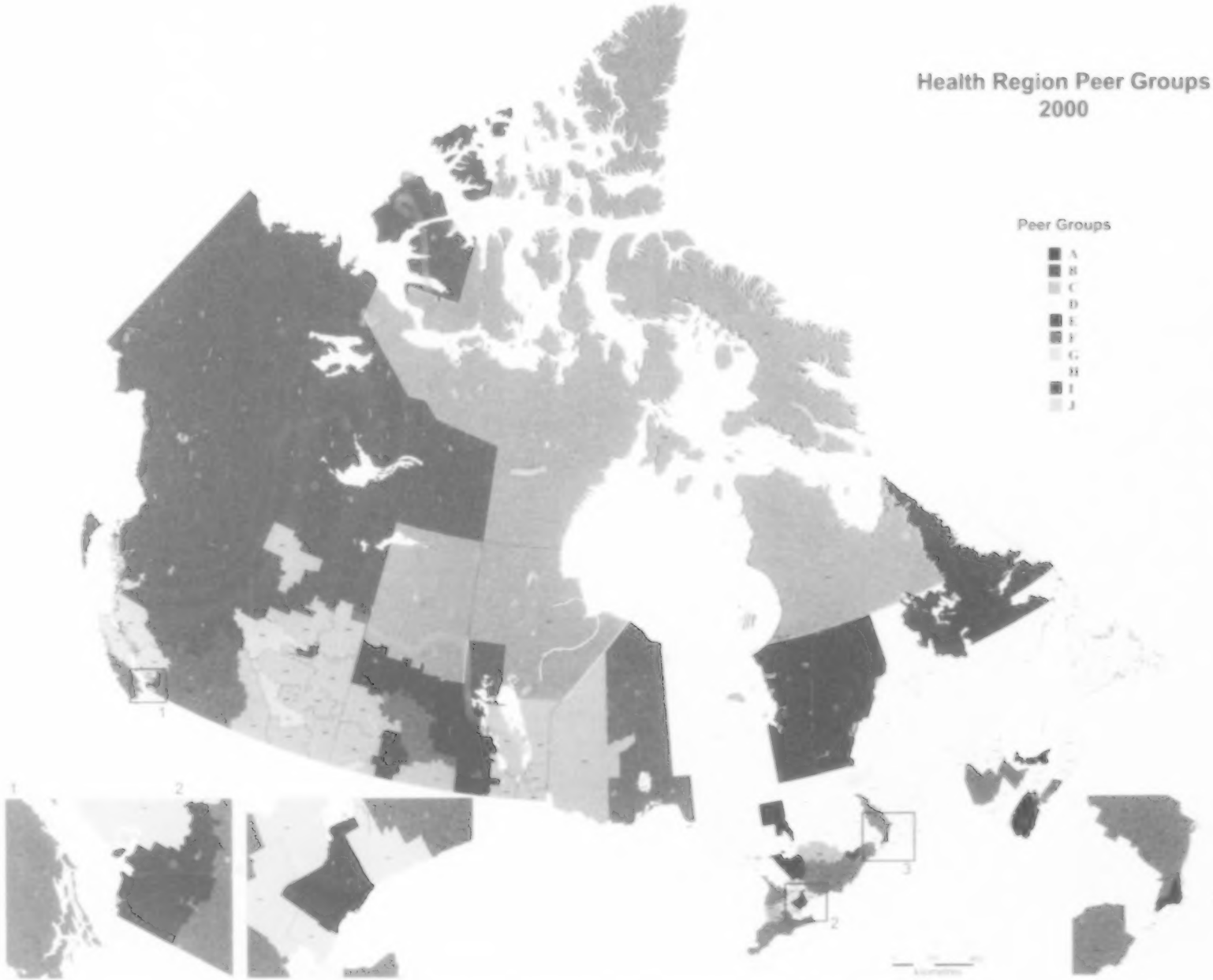
	Yukon	Peer group	Canada
Health outcomes			
Life expectancy	75.7 years	76.7 years	78.3 years*
Disability-free life expectancy	66.9 years	66.7 years	68.6 years*
"Poor" or "fair" health	11 %	13%	12 %
Health behaviours			
Daily smokers	26 %	25%	22 %
Obese	17 %	19 %	15 %
Physically inactive	16 %	18 %	22 %*
Heavy drinkers	23 %	21 %	16 %*
Psycho-social factors			
Daily stress	19 %	22 %	26 %*
Depression	9 %	8 %	7 %

When we look at these same measures but compare ourselves to Canadians as a whole we find significant differences on some measures. Differences that are statistically significant are marked with an asterisk ("*").

Summary: Chapter 8

No statistically significant differences are found when Yukon is compared to its peer group.

Yukoners report significantly higher levels of daily smoking and heavy drinking when compared to fellow Canadians. On a positive note, Yukoners also report significantly higher physical activity and lower daily stress than Canadians.



Canada

Health Regions by Peer Groups

Peer Group A
2406 - R gion de Montr al-Centre
3595 - Toronto Public Health Unit
5916 - Vancouver
5917 - Burnaby
5919 - Richmond

Peer Group B
3551 - Ottawa Public Health Unit
3553 - Peel Public Health Unit
3570 - York Public Health Unit
4804 - Calgary Regional Health Authority
4810 - Capital Health Authority
5907 - South Fraser Valley
5908 - Simon Fraser
5918 - North Shore

Peer Group C
2417 - R gion du Nunavik
2418 - R gion des Terres-Cries-de-la-Baie-James
4680 - Burntwood and Churchill
4711 - Northern Health Services Branch
6201 - Nunavut

Peer Group D
1004 - Health and Community Services Western Region
1002 - Health and Community Services Eastern Region
1003 - Health and Community Services Central Region
1005 - Grenfell Regional Health Services Board
1205 - Zone 5
1305 - Region 5
1306 - Region 6
1307 - Region 7
2411 - R gion de la Gasp si e-Îles-de-la-Madeleine

Peer Group E
1102 - Rural Health Region
1201 - Zone 1
1202 - Zone 2
3545 - Muskoka-Parry Sound Public Health Unit
3563 - Timiskaming Public Health Unit
4650 - Marquette
4655 - South Westman
4660 - Parkland
4702 - Moose Jaw Service Area
4705 - Yorkton Service Area
4708 - Melfort Service Area
4709 - Prince Albert Service Area
4710 - North Battleford Service Area

Peer Group F
1006 - Health Labrador Corporation
2410 - R gion du Nord-du-Qu bec
4670 - Norman
4813 - Mistahia Regional Health Authority
4815 - Keeweetinok Lakes Regional Health Authority
4816 - Northern Lights Regional Health Authority
4817 - Northwestern Regional Health Authority
5912 - Cariboo
5913 - North West
5914 - Peace Liard
5915 - Northern Interior
6001 - Yukon Territory
6101 - Northwest Territories

Peer Group G
3539 - Huron Public Health Unit
3549 - Northwestern Public Health Unit
3554 - Perth Public Health Unit
3557 - Renfrew Public Health Unit
4620 - North Eastman
4625 - South Eastman
4630 - Interlake
4640 - Central
4701 - Weyburn Service Area
4703 - Swift Current Service Area
4707 - Rosetown Service Area
4801 - Chinook Regional Health Authority
4802 - Palliser Health Authority
4805 - Health Authority #5
4806 - David Thompson Regional Health Authority
4807 - East Central Health Authority
4809 - Crossroads Regional Health Authority
4811 - Aspen Regional Health Authority
4812 - Lakeland Regional Health Authority
4814 - Peace Regional Health Authority
5901 - East Kootenay

Peer Group H
1001 - Health and Community Services St. John's Region
1203 - Zone 3
1204 - Zone 4
1302 - Region 2
1304 - Region 4
2401 - R gion du Bas-Saint-Laurent
2402 - R gion du Saguenay - Lac-Saint-Jean
2403 - R gion de Qu bec
2404 - R gion de la Mauricie et Centre-du-Qu b ec
2405 - R gion de l'Estrie
2407 - R gion de l'Outaouais
2408 - R gion de l'Abitbi-T miscamingue
2409 - R gion de la C te-Nord
2412 - R gion de la Chaudi r e-Appalaches
2415 - R gion des Laurentides
2416 - R gion de la Mont r gie
3526 - Algoma Public Health Unit
3537 - Hamilton Public Health Unit
3547 - North Bay Public Health Unit
3556 - Porcupine Public Health Unit
3561 - Sudbury Public Health Unit
4610 - Winnipeg

Peer Group I
1101 - Urban Health Region
1206 - Zone 6
1301 - Region 1
1303 - Region 3
2413 - R gion de Laval
2414 - R gion de Lanaudi r e
3527 - Brant Public Health Unit
3531 - Elgin-St Thomas Public Health Unit
3533 - Bruce-Grey-Owen Sound Public Health Unit
3534 - Haldimand-Norfolk Public Health Unit
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3538 - Hastings and Prince Edward Public Health Unit
3540 - Kent-Chatham Public Health Unit
3541 - Kingston-Frontenac-Lennox and Addington Public Health Unit
3542 - Lambton Public Health Unit
3543 - Leeds-Grenville-Lanark Public Health Unit
3544 - Middlesex-London Public Health Unit
3546 - Niagara Public Health Unit
3552 - Oxford Public Health Unit
3555 - Peterborough Public Health Unit
3558 - Eastern Ontario Public Health Unit
3562 - Thunder Bay Public Health Unit
3565 - Waterloo Public Health Unit
3568 - Windsor-Essex Public Health Unit
4615 - Brandon
4704 - Regina Service Area
4706 - Saskatoon Service Area
5902 - West Kootenay-Boundary
5903 - North Okanagan
5904 - South Okanagan Similkameen
5905 - Thompson
5906 - Fraser Valley
5910 - Central Vancouver Island
5920 - Capital

Peer Group J
3530 - Durham Public Health Unit
3536 - Halton Public Health Unit
3560 - Simcoe Public Health Unit
3566 - Wellington-Dufferin-Guelph Public Health Unit
4803 - Headwaters Health Authority
4808 - WestView Regional Health Authority
5909 - Coast Garibaldi
5911 - Upper Island/Central Coast

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pages 5, 6, 26, 37, 86.

Measure what can be measured,
and make measurable what cannot be measured.

GALILEO

Yukon

Health and Social Services

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